

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J41257** (3)
 1. Corporation Name
FERRARI, INCORPORATED

Principal Place of Business 8099 SR 535 ORLANDO FL 32836	Mailing Address 9101 SR 535 ORLANDO FL 32836-6506 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1986	3a. Date of Last Report 03/13/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2746066		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent YU, CYNTHIA 9101 SR 535 ORLANDO FL 32836		10. Name and Address of New Registered Agent	
		81 Name YU, CYNTHIA c/o MARCO POLO COLUMBUS & FERRARI	
		82 Street Address (P.O. Box Number is Not Acceptable) 9101 S.R. 535, SUITE 300	
		83	
		84 City ORLANDO	85 Zip Code FL 32836

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YING, NELSON		1.2 NAME YING, NELSON c/o MARCO POLO COLUMBUS & FERRARI	
STREET ADDRESS 9101 SR 535		1.3 STREET ADDRESS 9101 S.R. 535, SUITE 300	
CITY- ST- ZIP ORLANDO FL		1.4 CITY- ST- ZIP ORLANDO, FL 32836	
TITLE VAS	<input type="checkbox"/> DELETE	2.1 TITLE VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YONG, NELSON JR		2.2 NAME YING, NELSON JR. c/o MARCO POLO COLUMBUS & FERRARI	
STREET ADDRESS 9101 SR 535		2.3 STREET ADDRESS 9101 S.R. 535, SUITE 300	
CITY- ST- ZIP ORLANDO FL		2.4 CITY- ST- ZIP ORLANDO, FL 32836	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: *[Signature]* **3/3/97** **407-876-1793**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/96)