

FILE NOW: Fee after May 1, will be \$588.75

FILED
07 FEB - 3 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001051
 ROMA RACING, L.C.
 4436 N.W. 93 DORAL COURT
 MIAMI FL 33178

1a. Principal Place of Business Address
 4436 N.W. 93 DORAL COURT
 MIAMI FL 33178

2 Principal Place of Business
 SAME
2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified 10/08/1996
3a. State of Formation FL
4. FEI Number 05-0714326
 Applied For
 Not Applicable
5. Date of Last Report
6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 HIMOFF, ROBERT A
 4436 N.W. 93 DORAL COURT
 MIAMI FL 33178

8. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc. ~~000002079000~~
 -02/05/97--01036--011
 ****203.75 ****203.75
 City Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HIMOFF, ROBERT A	4436 N.W. 93 DORAL COURT	MIAMI FL
MEM	DEWELL, MARTHA	4436 N.W. 93 DORAL COURT	MIAMI FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert A. Himoff *[Signature]* 1/29/97 305-593-1121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #