## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



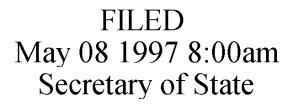
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name N03912

(5)



	TER MIAMI RACING		N, INCORPOR	RATED	••••••		
3300 OKEECH HIALEAH FL 3			00 OKEECHOBEE F ALEAH FL 3301245				
							3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
···	Place of Business	26	2a. Mailing Address				4. FEI Number Applied For
21 Cuite And	# 616	26					59-6013803 Not Applicable
Suite, Apt	. #, etc.	27	Suite, Apt. #, etc	•			5. Certificate of Status Desired  \$8.75 Additional Fee Regulred
City & Sta	le		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cor	intry	,	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	tured trees	30			Florida Statutes Yes No
	9. Name and Address	s of Current Regu	stered Agent		81	Name	10. Name and Address of New Registered Agent
FAFEA	AMEADD						
FREED, SANFORD 19 W. FLAGLER STREET. SUITE 404					82	Street A	Address (P.O. Box Number is Not Acceptable)
		E 404			83		
MIAMIT	FL 33130						
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Section	ns 617.0502 and 6	17.1508, Florida S	tatutes, the a	DOVE	e-named c	
office or	registered agent, or both,	in the State of Flori	da. Such change	was authorize	d by	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	an rammar with, and accep	prime obligations c	ii, aeciion u i7.0ac	o, Fiorida ota	MICHE	<b>5</b> .	·
SIGNATURE	Signature, typed or printed name of	f registered agent and title	e il applicable	(NOTE: Registere	d Age	n arulançie tne	required when reinstailing) DATE
12.	OFF	FICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD		☐ DELETI	1.1 7	TLE	[	Change Addition
NAME	REEVES, ERNEST			1.2 N	AME	ļ	
STAEET ADDRESS	3300 OKEECHOBEI	E RD		1.3 \$	TAEET	ADDRESS	
CITY - ST - ZIP	HIALEAH FL	**************************************				ST-ZIP	
TITLE	SD			1	2.1 TITLE		Change Addition
NAME	CONTE, PAUL			2.2 N		- 1	
STREET ADDRESS	1230 NE 203 ST.			1		ADDRESS	
CITY - ST - ZIP	MIAMI FL		Florer			ST-ZIP	The same of the sa
TITLE	D D		☐ DELETI	1		1	Change Addition
NAME SZOCZY MODDOCCO	GIBSON, SKIP 3300 W. OKEECHO	שבב פטאט		3.2 N		, ABBREAR	
STREET ADDRESS	HIALEAH FL	DEE NOAD				ADDRESS	
CITY-ST-ZIP TITLE	D D		DELET			ST-ZIP	☐ Change ☐ Addition
NAME	BASS, ALLEN		العدد العدد	4.21		}	Canada Ca Madalan
STREET ADDRESS	1061 SW 115 AVE					ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES	FI	_			ST-ZIP	
TITLE	PD PD	<u>,</u>	DELETI	5.1 7		PI AF	Change Addition
NAME	FLINGOS, BILL			5.2 N			
STREET ADDRESS	1455 NW 32 ANE					ADDRESS	
CITY-ST-ZIP						1	
TITLE	MIAMIFL			540	ITY-S	T-71P	
TITLE	MIAMI FL V		DELET			ST-ZIP	☐ Change ☐ Addition
NAME	V		DELETI		TLE	ST-ZIP	☐ Change ☐ Addition
NAME	V Flateau, Jim	BEE ROAD	DELETI	6.1 T 6.2 N	TLE AME	T ADDRESS	Change Addition
	V	BEE ROAD	☐ OELETI	6.1 T 6.2 N 6.3 S	tle Ame treet		Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Date

Daytime Phone # 0022683