FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004931 (2)

1. Corporation Name

SOUTH FLORIDA RACING PIGEON COMBINE, INC.

Principal Place of Business	Mailing Address
419 S.W. 80TH AVENUE NORTH LAUDERDALE FL 33306-8	419 S.W. 80TH AVENUE NORTH LAUDERDALE FL 33306-8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1993
3a. Date of Last Report: 06/30/1994
4. FEI Number: 65-0436574 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): (22) Suite, Apt. #, etc.: (23) City & State: (24) Zip: (25) Country:

2a. Mailing Address (26): (27) Suite, Apt. #, etc.: (28) City & State: (29) Zip: (30) Country:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIVERIO, E
2009 S.W. 98TH TERRACE
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POLINICE, JOHN	1.2 NAME	
STREET ADDRESS	419 S.W. 80TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOVAL, MANUEL	2.2 NAME	
STREET ADDRESS	8029 S.W. 64TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, JACK	3.2 NAME	
STREET ADDRESS	514 SAXON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST FT. LAUDERDALE FL 33331	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MULLER, PETE	4.2 NAME	
STREET ADDRESS	1645 S.W. 67TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE D	5.2 NAME	
STREET ADDRESS	8675 S.W. 30TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, JOHN M.	6.2 NAME	
STREET ADDRESS	5856 DAPHNE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Polinice JOHN POLINICE 4/15/95 305 722 1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004000