SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10: 36

DOCUMENT # **P93000023133 (0)**

1. Corporation Name
F.M.S. RACING INC.

Principal Place of Business	Mailing Address
~~3749~~	~~3748~~
~~2312~~ NW S RIVER DR	~~9712~~ NW S RIVER DR
MIAMI FL 33142	MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1993	3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0401330	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MEDINA, EDUARDO F
6811 LAKE BLUE DR
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: William Figueroa
82 Street Address (P.O. Box Number is Not Acceptable): 5365 W 14 Lane
83
84 City: Hialeah FL 85 Zip Code: 33012

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: X William Figueroa — William Figueroa — 6/7/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	President	☑ Change ☐ Addition
NAME	MEDINA, EDUARDO F	12 NAME	William Figueroa	
STREET ADDRESS	6611 LAKE BLUE DR	13 STREET ADDRESS	5365 W 14 Lane	
CITY-ST-ZIP	MIAMI LAKES FL 33014	14 CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FIGUEROA, WILLIAM	22 NAME		
STREET ADDRESS	5365 W 14TH LN	23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP		
TITLE	~~DS~~	31 TITLE		☐ Change ☐ Addition
NAME	CEBALLOS, MANUEL	32 NAME		
STREET ADDRESS	4608 SW 2ND ST	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT E	42 NAME		
STREET ADDRESS	6611 LAKE BLUE DR	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	VALDES, GEORGE L	52 NAME		
STREET ADDRESS	3521 NW ~~19~~TH TER	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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

SIGNATURE: X William Figueroa — William Figueroa — 6/7/95 — 305-638-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143285 FP