PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073037

ALENCAR JR. RACING, INC.

Principal Place of Business 7536 REPUBLIC DR

SUITE 219

Mailing Address

7536 REPUBLIC DR SUITE 219 ORLANDO FL 32819

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90018 050 ***158.75



DO NOT WRITE IN THIS SPACE

ORLANDO FL 3	2819	ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
						10/15/1993		_		
	ace of Business	2a. Mailing Address			>	4. FEI Number		Ap	plied For	
117536	Universal Blud.	26 1536 Unive	rsa	<u> </u>	Blud.	<u>59-3208128</u>			t Applicable	
Suite, Apt. #, etc.							is. Certifcate of Status Desired \$8.75 Additional Fee Required			
						6. Election Campaign Financing	-	\$5.00	May Be	1
23 Orlando, Florida 28 Orlando, F			Fin	<u> </u>	a	Trust Fund Contribution			to Fees	-
Zip	Country	Zip		intry	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	8. This corporation owes the current	vear Intar			1
4 3281	,	29 32819 3		lŚ/	S	Personal Property Tax.		☐ Yes	□No]
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent]
				81	Name					
ALENCAR, OLIMPIO J										-
7536 REPUBLIC DR				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SUITE 219				83						1
ORL	ANDO FL 32819									1
				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										
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was aut ons of, Section 607,0505, Florid	horized Ia Stati	ibyt utes:	he corporati	on's board of directors. I hereby accept tr	е арроии	ment as re	gistered	
•	The state of the s									1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered	Agent	signature require	ed when reinstating)	DATE			a a
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				(11/98)
TITLE	P	☐ DELETE	1.1 TO	TLE				Change	Addition	
NAME	OLIMPIO, JOSE A JR		1.2 N	AME						1034
STREET ADDRESS	9797 CAMBERLEY CR.		1.3 STRE		ADDRESS					<u>E</u>
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		-ZIP					Շ
TITLE	VP	☐ DELETE	2.1 TI	TLE				Change	☐ Addition	10
NAME	ALENCAR, MARISTELA SOUS			2.2 NAME						
STREET ADORESS	9797 CAMBERLY CR		2.3 S	REET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL			ITY-ST	-zip] !
TITLE	TS			3.1 TITLE				Change	Addition]
NAME	ALENCAR, MIRELA VICTORI			3.2 NAME						ļ
STREET ADDRESS	9797 CAMBERLEY CR		3.3 \$1	REET	ADDRESS					-
CITY-ST-ZIP	ORLANDO FL		3.4. C	ITY-ST	- ZIP					
TITLE		☐ DELETE	4.1 TI					Change	Addition	
NAME			4. 2 N	IAME						
STREET ADDRESS			4.3 S	TREST	ADDRESS					
				ITY-ST						
CITY-ST-ZIP		☐ DELETE	5.1 Ti					Change	Addition	1 ;
			5.2 N							1
NAME			5.3 ST	TREET	ADDRESS					'
STREET ADDRESS				TY-ST	l l					'
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TI					☐ Change	Addition	1
TITLE			6.2 N		,					
NAME					ADDRESS					
STREET ADDRESS				TY-ST						
CITY-ST-ZIP			0.4 CI	117-51	·21				· · · · · · ·	Ι,

14. I 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, with all other like empowered.

MAUNICAURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 : 363 : 0721