May 04, 1999 8:00 am Secretary of State

05-04-1999 90120 029 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000018661

MORETT	'I RACING, INC.					{			
						1 2001/1014 1014 1014 1014 1014 1014			
<u> </u>	· · · · · · · · · · · · · · · · · · ·								
Principal Place of Business Mailing Address						1 (94(194) 114 19(1) 19(1)		HERI FELLE WILLE	************
200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. 4815									
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE				
}						3. Date incorporated or Qualifed 03/10/1994		,	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				65-0475329		<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Red	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	Mav Be
23	•	28				Trust Fund Contribution		Added to	• ,
Zip	Country	Zip	Count	try		8. This corporation owes the currer	nt year Inta	angible	
24	25	29 30]			Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered A	Agent	
	1000Lis RIEDOS		18	31	Name			. ′	
SALUSSOLIA, PIEROA				32	Street Add	dress (P.O. Box Number is Not Acceptab	le)		,
200 S.BISCAYNE BLVD.				\perp					
SUITE 4815				33				•	ļ
MIAMI FL 33131				34	City			85 Zip C	ode
					•		<u>FL</u>		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	J2 and 607.1508, Florida Statutes, of Florida. Such change was authorations of Section 607.0505. Florida	the abo orized b Statute	by thes.	named cor e corporat	rooration submits this statement for the pition's board of directors. I hereby accept	urpose of o the appoin	changing its r itment as reg	egistered jistered
SIGNATURE									
	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Rec	gistered Aç	gent si	ignature requir	red when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	DPT DELETE 1.1			Ē	VP	_		Change	Addition)
NAME	MORETTI, GIANPIERO 121					JBER, MATTHEW			
STREET ADDRESS	VIA DECEMVIRI 20 135			EET AZ		301 34th Street South			1
CITY-ST-ZIP				·ST-Z	r St	. Petersburgn FL 3371	1		
TITLE	DAS	DELETE .2.1 T			1			Change	Addition
NAME	SALUSSOLIA, PIERO	22 N		Έ	1				,
STREET ADDRESS			2.3 STRE	EET AC	DORESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140				ZIP			· ,	
TITLE [VPS-	Ø DELETE 3.1 TI			}	**		☐ Change	☐ Addition
NAME	MOORE, PHILIP			2 NAME				,	İ
STREET ADDRESS	2100 NW 93 AVE.	111=		.3 STREET ADDRESS					Į
CITY-ST-ZIP	MIAMI-FL	3.4.0			ZIP			7	- Addison
TITLE	\$	DELETE 4.1 π		ļ.				☐ Change	☐ Addition
NAME	MEGAMO, ATALET C.		4. 2 NAM					•	
STREET ADDRESS	2.00		4.3 STRE						ŧ
CITY-ST-ZIP	MIAMI-FL		4.4 CITY		JP			Change	O Addition
TITLE	e e	☐ DELETE	5.1 TITLE 5.2 NAME		}			Change	☐ Addition]
NAME)		i i	J.∠ NAMI	C.	ì				1

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 all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF

☐ DELETE

04/15/99

(305) 373-7016

Daytime Phone #

Change

Addition