


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90120 029 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000018661</b>					
1. Corporation Name <b>MORETTI RACING, INC.</b>					
Principal Place of Business <b>200 S. BISCAYNE BLVD. 4815 MIAMI FL 33131</b>			Mailing Address <b>200 S. BISCAYNE BLVD. 4815 MIAMI FL 33131</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1994	
22 City & State		27 City & State		4. FEI Number <b>65-0475329</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SALUSSOLIA, PIEROA 200 S.BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DPT <input type="checkbox"/> DELETE				
NAME	<b>MORETTI, GIANPIERO</b>				
STREET ADDRESS	<b>VIA DECEMVIRI 20</b>				
CITY-ST-ZIP	<b>20138 MILANO, ITALY</b>				
TITLE	DAS <input type="checkbox"/> DELETE				
NAME	<b>SALUSSOLIA, PIERO</b>				
STREET ADDRESS	<b>5555 COLLINS AVE. #7-K</b>				
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>				
TITLE	VPS <input checked="" type="checkbox"/> DELETE				
NAME	<b>MOORE, PHILIP</b>				
STREET ADDRESS	<b>2100 NW 93 AVE.</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	S <input checked="" type="checkbox"/> DELETE				
NAME	<b>WILLIAMS, ANGELA G.</b>				
STREET ADDRESS	<b>2100 NW 93 AVE.</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	<b>ZUBER, MATTHEW</b>				
1.3 STREET ADDRESS	<b>4301 34th Street South</b>				
1.4 CITY-ST-ZIP	<b>St. Petersburg FL 33711</b>				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

*Piero Salussolia*

04/15/99

(305) 373-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)