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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000046116 (7)

MOTORSPORT INNOVATIONS, INC.

Principal Plac	ce of Business	Mailing Address					
8886 SW 129TH TERR 8886 SW 129TH TERR							
MIAMI FL 33176		MIAMI FL 33176-5945					
US		U\$			3. Date Incorporated or Qualified	3a. Date of Las	t Report
***************************************					06/16/1994	07/01/1990	
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	41 obs	26			65-0500266		Not Applicable
22		Suite, Apt. #, etc.	····		5. Certificate of Status Desired		5 Additional Required
City & State		<del>}</del>	City & State		6. Election Campaign Financing \$5.00 May Be		
Zip	Country Zip Country			Trust Fund Contribution		ed to Fees	
24	25	}	30		8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes \tag{\tag{No}}	r s. 199.032,
	9. Name and Address of Curre	ent Registered Agent	1		10. Name and Address of New Reg		
	TLE, DAISY V		81	Name			
	8 SW 129TH TERRACE		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	<del></del>
MIA	MI FL 33176						
			83	· _ ·			
			84	City		FL 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	j its registered
agent La	registerud attemt, or both in the Stat am familiar with, and accept the obli	e of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by ida Statutes	the corpora L	ation's board of directors. I hereby accep	t the appointment :	as registered
SIGNATURE	Signature: Typed or proced our in others stered as	sent and title if soutcasts (NOTE:	Backtored And	at tinnature reco	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.	in agricus redo	ADDITIONS/CHANGES TO OFFICE	·	ORS IN 12
THLE	D	☐ DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	LITTLE, WILLIAM A		1.2 NAME				
STREET ADDRESS	3315 MONEGRO ST		1.3 STREET	ADDRESS			
City-St-ZiP	CORAL GABLES FL 33134	F- 44/4-4	1.4 CITY - S	T-ZIP			
TOTALE	D DAIGY V	DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME	LITTLE, DAISY V 3315 MONEGRO ST		22 NAME			•	
STREET ADDRESS	CORAL GABLES FL 33134		23 STREET		•	**	
CITY-SI-ZIP TITLE	COIVE GABLESTE 33104	☐ DELETE	2.4 CITY-5	T-ZIP			1 4 4 4 7 7 1
NAME		רו מכרבוב	3 1 TITLE			Change	e L. Addition
STREET ADDRESS			3 2 NAME	ADDOCCO			ŀ
City - \$1-2iP			3.3 STREET 3.4. CITY - S				
TITLE		DELETE	4.1 TITLE	II- ZIF		Change	e Addition
NAM8		—	4. 2 NAME			hand o'right	
STREET ADDRESS			4.3 STREET	ADDRESS			ļ
CITY - ST - 7IP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE			☐ Change	e Addition
NAME			5.2 NAME			<u> </u>	
STREET ADDRESS			5.3 STREET	ADDRESS			
C-TY - ST - ZIP			54 CITY-S	i .			
TITLE		DELETE	6.1 TITLE			☐ Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
Cuty of ain							

14. I do 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.