PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032553

FERRARO SPORTS MANAGEMENT, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90029 016 ***158.75



rincipal Place of Business Mailing Address						L INELIANS IIE IAIAS AIEII ANIES BAIEI		iirin iinni niid	1 91256 LII4 1887
O S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD.			D.						
		SUITE 3800 MIAMI FL 33131-2310				DO NOT WRITE IN THIS SPACE			
UNITE COLOTICEOTO MINIMITE DOTOTESTO						3. Date Incorporated or Qualifed			
						04/25/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number		A	oplied For
! :		26	<u> </u>			65-0580025		Nr	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, ·			5. Certificate of Status Desired	X	\$8.75 Fee Re	Additional equired
· · · · · · · · · · · · · · · · · · ·		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
		Zip	Zip Country			8. This corporation owes the curren	nt year Inta	ıngible	
	25	29	30			Personal Property Tax. XYes □No			
	9. Name and Address of Curr	rent Registered Agent		[10. Name and Address of New Re	gistered A	\gent	
ECD	RARO. JAMES L			81	Name	·			
	S. BISCAYNE BOULEVARD			82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)	; -	
SUITE 3800				83					
MIAMI FL 33131				83					}
	(5 00 10 1			84	City			85 Zip	Code
Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida St	atutes the a	bove-	named corr	poration submits this statement for the pr	urpose of c	changing its	registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such change wa	as authorized	d by th	ne corporati	on's board of directors. I hereby accept	the appoin	tment as re	gistered
•	m ramiliar with, and accept the obli	igations of, Section 607.0505,	rionda Stat	utes.		•			
-marine	Signature, typed or printed name of registered a	egent and title if applicable (N	NOTE: Registered	Agent	signature require	ed when reinstating)	DATE		———
	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12
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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 the receiver of the corporation of the corporation with an address, with all other like empowered.

ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR