## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1996

Principal Place of Business

DOCUMENT # 1. Corporation Name

P95000080791 (3)

A & A AMUSEMENT RIDES, INC.



Timorpai race	Mailing Add	Mailing Adoress			ann ann ann ann ann	
14044 SOUTHWEST 106 TERRACE MIAMI FL 33186		14044 SOUTHWEST 106 TERRACE MIAMI FL 33186				
						Date Incorporated or Qualified     3a. Date of Last Report     10/20/1995
2. Principal Pla	2a. Mailing /	Address			4. FEI Number	
21	#	26				(5-06/552/ Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
City & State		City & S	tate			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	7/p		Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25   9. Name and Address of Curr	29		30		Florida Statutes Yes No
	s. Name and Address of Coll	elit negistered Ag	ent	81	Name	10. Name and Address of New Registered Agent
<b>***</b> *********************************				0.	Name	ne e
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE				82	Street	et Address (P.O. Box Number is Not Acceptable)
	GABLES FL 33134			83		
				84	City	
····						FL 85 Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Fi orida. Such change v ction 607.0505, Flor	lorida Statute was authorize rida Statutes	es, the above r ed by the corp	amed c oration's	corporation submits this statement for the purpose of changing its registered offic is board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	Signature, typicd or printed name of mystered ag-					
12.		ND DIFILCTORS	(14C)	13.	t signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD		DELETE	1. 1 THILE		Change Addition
NAME	PASCUAL, MARCO A			1.2 NAME		
STREET ADDRESS	14044 SOUTHWEST 106 T	ERRACE		1.3 STREET	ADDRESS	s
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-S		
TITLE	VSD		DELETE	2 1 TITLE		Change Addition
NAME	PASCUAL, KELLI G			2.2 NAME		
STREET ADDRESS	14044 SOUTHWEST 106 T	ERRACE		2.3 STREET	ADDRESS	s
CITY-ST-ZIP	MIAMI FL 33186			2 4 CrTY - S	- ZIP	
TIŤLE			DELETE	3 1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREFT	ADDRESS	S
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3.4 CITY - S	- ZIP	
NAME			DELETE	4 1 TITLE		Change Addition
STREET ADDRESS				4 2 NAME		
CITY-ST-ZIP				4 3 STREET		5
TITLE			DELETE	4.4 CHY-ST 5. 1 TITLE	- ZIP	Ph Al
NAME		L.,	ers total like	5.1 IIILE 5.2 NAME		Change Addition
STREET ADDRESS				53 STREET	NOBECC	
CITY-ST-ZIP				5.4 CITY-ST		
TITLE			DELETE	6 1 THILE	- 711.	Change Addition
NAME				6.2 NAME		Change Addition
STREET ADDRESS				6.3 STREET	เกกละคอ	
CITY-ST-ZIP				6.4 CITY. ST		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted 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 or an attack pent with an address.

SIGNATURE: Maus 1-1 MANCO PASCURE 05-03-96 (305) 380-7635

CR2E034 (12/95)