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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

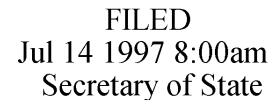
DOCUMENT # P95000088288 (2)

D.C. RIDES, INC.

Mailing Address

Principal Place of Business 16330 SW 147TH AVENUE MIAMI FL 33188-1402

18330 SW 147TH AVENUE MIAMI FL 33187-1402





						3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1996				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	7,0-7	Applied For		
21		26	•			65-0619110		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8		dditional	
22		27				5. Certificate of Status Desired		ee Re		
City & State City & State						6. Election Campaign Financing	\$!	00.2	May Be	
23	28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangit	ole tax ur	ider s.	199.032.	
24	25	29	30	·		Florida Statutes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
QTI	EVENS, WALLACE W			81	Name					
16330 SW 147TH AVENUE MIAMI FL 33186-1402				AND Court Address (D.O. Dav. N.) popular in Not Assessable)						
				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				84	City	F	85	Zip C	Code	
					L		_			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta te of Florida, Such change w	atules, the at as authorize:	oove d by	e-named co z the cornor:	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ot chang poointme	ging its ent as i	registered reaistered	
agent. L	am familiar with, and accept the obli	igations of Section 607.0505	, Florida Stat	utes	3.	and to board or an action of the car, the car,				
SIGNATURE										
	Signature, typed or printed name of registered a			d Age	ent signature req	uired when reinstating) DATE		ATAD	2.01.40	
12.	0.1102.101.112			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE		Addition	
TITLE				1.1 TITLE			U	ange	MOOIDOR	
NAME	STEVENS, WALLACE W		1.2 N/	1.2 NAME						
STREET ADDRESS			1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186-1402			1Y-\$	37 - ZIP					
TITLE	☐ DELETE			2.1 TITLE			☐ CI	nange	Addition	
NAME			2.2 N	2.2 NAME		·				
STREET ADDRESS			23 STREE		ADDRESS					
CITY-ST-ZIP			2 4 CiT							
TITLE	☐ DELETE			TLE			C	nange	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$7	REET	ADDRESS					
CITY-ST-ZIP			34.0	aty . s	ST-ZIP					
TITLE	DELETE			TLE			CI	nange	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE				4.4 CITY- \$1-2IP 5.1 TITLE				nange	Addition	
				5.2 NAME					' "	
NAME	1				. ADDDCCC					
STREET ADORESS					ADDRESS					
CITY-ST-ZIP		DELETE			51 - ZIP		Пс	hanne	Addition	
TETLE		☐ DELETE	6.1 T					เขามูธ	L Addition	
NAME			6.2 N							
STREET ADDRESS	2 - 44				ADDRESS					
CITY-ST-ZIP	<u> </u>				ST-ZIP					
14. I do here	eby certify that the information suppl	lied with this filing does not a				ed in Section 119.07(3)(i), Florida Statutes. I fur	her certif	y that	the	

I do nereby destrip that the information supplies with this filling does not quality in the exhibition stated in section (13.700). In the same legal effect as it made under oath; that it 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.