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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000037740

DACINO BARRIA INC

RACING MANIA, INC.

Mailing Address Principal Place of Business 1924 N GOLDENROD RD 1924 N GOLDENROD RD ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 04/28/1997 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3452781 Not Applicable 21 \$8:75 Additional Suite, Apt. #, etc. Suite Ant. #. etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5,00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SANCHEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 5753-B KINGS GATE DR ORLANDO FL 32839 83 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE SANCHEZ, FRANCISCO 1.2 NAME NAME 5753-B KINGS GATE DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32839 1.4 CITY-ST-ZiP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 41TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. 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 ceath; 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

And Sil

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90029 018 \*\*\*150.00

Daytime Phone #

CR2E034 (11/98)

Addition