


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90235 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000090838**

1. Corporation Name

RACING ZONE MOTORSPORTS INC.

Principal Place of Business

18314 NW 68 AVE. SUITE C  
MIAMI FL 33015

Mailing Address

18314 NW 68 AVE. SUITE C  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/23/1998

4. FEI Number

65-0868875

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 17240 NW 68th AVE

Suite, Apt. #, etc.

22 Suite 205

City &amp; State

23 Miami, FL 33015

Zip

24 33015

Country

25 USA

2a. Mailing Address

26 17240 NW 68th AVE

Suite, Apt. #, etc.

27 Suite 205

City &amp; State

28 Miami, FL

Zip

29 33015

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN, NESTOR  
18314 NW 68 AVE, SUITE C  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name MARTIN, NESTOR  
82 Street Address (P.O. Box Number is Not Acceptable)  
17240 NW 68th AVE

83 Suite 205

84 City Miami

FL

85 Zip Code  
33015

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nestor Martin	1.2 NAME	
STREET ADDRESS	17240 NW 68th Ave # 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myriam Gois	2.2 NAME	
STREET ADDRESS	17240 NW 68th Ave # 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Nestor Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/99

Date

(305) 231-9992

Daytime Phone #

CR2E034 (11/98)