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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V53573** (4)
 1. Corporation Name
F1 KART SPEEDWAY INC.

Principal Place of Business: **7801 E TREASURE DR #518 N BAY VILLAGE FL 33141**
 Mailing Address: **214 POINCIANA ISLAND DR #518 MIAMI FL 33160 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
 State, Apt #, etc: **22**
 City & State: **23**
 ZIP: **24**

3. Date Incorporated or Qualified: **07/28/1992**
 3a. Date of Last Report: **06/02/1994**
 4. FFI Number: **65-0353506**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**VALDES, EMILIO
 7801 E TREASURE DR.
 #518
 N BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent
 81 Name: **EMILIO VALDES**
 82 Street Address (P.O. Box Number is Not Acceptable): **214 POINCIANA ISLAND DR**
 83 City: **# 518**
 84 City: **N BAY VILLAGE FL** 85 Zip Code: **33160**

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, 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 the law for 607.0606, Florida Statutes.

SIGNATURE: _____ DATE: **6/26/95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (SEE 1) | |
|----------------------------|--|--|--|
| NAME: PSD VALDES, EMILIO | 214 POINCIANA ISLAND DR MIAMI FL 33160 | NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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14. I hereby certify that the information supplied with this filing is a true and correct copy of the information stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my resignation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to carry out this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURE:  DATE: **6/26/95** 305 267 2410