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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1997** DOCUMENT # -

DOCUMENT # 656306

(8)

HIALEAH TAE KWON DO CENTER, INC.

FILED Apr 08 1997 8:00am Secretary of State



Principal Prace of Business		Mailing Address	Mailing Address			אספי גונקוס אופוס וועום וועוס וואוס אומוס אווים סווסס אווים מוווס מוווס מוווס וווים סוווים שווים אוויס וועוס או		
1133 WEST 68TH ST HIALEAH FL 33014		1133 WEST 68TH	1133 WEST 68TH ST					
US	3014	HIALEAH FL 3301 US	14-5152					
						3. Date Incorporated or Qualified 02/19/1980	3a. Date of Las 05/09/1990	
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address			4. FEI Number		Applied For
21	44	[26]				59-1972358		Not Applicable
Suite, Apt 22		Suite, Apt. #, 27	, etc.			5. Certificate of Status Desired		5 Additional Required
Orty & Stat	te	City & State	, ,			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		00 May Be ed to Fees
Zip	Country	Zφ		Country	/	8. This corporation has liability for in		rs 199.032,
24	25	29	30	<u>)</u>			Yes No	
	9. Name and Address of C	urrent Registered Agent			T .::	10. Name and Address of New Reg	istered Agent	
	E, MIN CHUL			81	Name			
	5 COWPEN RD APT Q102 MI LAKES FL 33014			82	Street Add	lress (P.O. Box Number is Not Acceptable	e)	
				83				
				84	City		85 Z	ip Code
					<u> </u>	poration submits this statement for the pr	FL  "	······································
	педізіє ен адіон, игрилі, втию	abbastions of Coston 607	nge was aun	to Ctatula	A ting corbors	ition's board of directors. I hereby accep	t the appointment	as registered
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agent La SIGNATURE	im familiar with, and accept the	red agent and title if applicable		legistered Ag		ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	OBS IN 12
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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.

SIGNATURE:

HANDLEST HAND MAN CHULL HAND OF SIGNING OFFICER OR DIRECTOR

4/4/91

(305) 822-257

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