

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **G97788** (5)

1. Corporation Name
MARTIAL ARTS COLLEGE OF MIAMI CORPORATION

Principal Place of Business:

**10740 SW 24 ST
MIAMI FL 33165
US**

Mailing Address:

**10740 S.W. 24 STREET
MIAMI FL 33165-2456
US**



2. Principal Place of Business:

2a. Mailing Address:

State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/05/1984

3a. Date of Last Report
04/16/1996

4. FEI Number

59-2396099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

**GUARDADO, JULIO L.
7855 NW 12TH STREET, SUITE 202
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **KIM, HONG K**
CITY-STATE-ZIP **10455 SW 98 ST**
TITLE **MIAMI FL**
NAME **VP**
STREET ADDRESS **GUARDADO, JULIO L**
CITY-STATE-ZIP **7855 NW 12 ST / STE - 202**
TITLE **MIAMI FL**
NAME **ST**
STREET ADDRESS **KIM, FIONA**
CITY-STATE-ZIP **10455 SW 98TH ST**
TITLE **MIAMI FL**
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

14. I do 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 included 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:

Fiona Kim

FIONA KIM

03/10/97

(305) 223-8999

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0223764

CR2E034 (9/96)