

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Janora B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L73882** (7)

1. Corporation Name:
**ZEN KEMPO DO/ ORIENTAL HEALTH & MARTIAL ARTS SCH
OOL, INC.**

Principal Place of Business: **300 SW 107 AVE #212 SWEETWATER FL 33174**

Mailing Address: **300 SW 107 AVE #212 SWEETWATER FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **05/14/1990**

3a. Date of Last Report: **04/18/1994**

4. FEI Number: **65-0365147**

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

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent

**FONT, RUBEN
1740 N.W. 110 TERRACE
MIAMI FL 33167**

10. Name and Address of New Registered Agent

01. Name

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

03.

04. City

05. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS (2-12)	
01. TITLE	PSD	01. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	FONT, RUBEN	02. NAME	
03. STREET ADDRESS	1740 N.W. 110 TERR	03. STREET ADDRESS	
04. CITY, ST, ZIP	MIAMI FL	04. CITY, ST, ZIP	
05. TITLE		05. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME		06. NAME	
07. STREET ADDRESS		07. STREET ADDRESS	
08. CITY, ST, ZIP		08. CITY, ST, ZIP	
09. TITLE		09. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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 197, Florida Statutes, and that my name appears in Block 1, or Block 1(a) checked, or on an attachment with an address.

SIGNATURE: *Ruben Font* APR 30 -JANUARY-20, 1995 305-551-3147

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
RUBEN FONT

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Mastrom
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **L74164** (9)
STEWART R. BAKST, M.D., P.A.

5/14/1995
LEON
WILLY

Principal Place of Business: **C/O AMI PALMETTO GENERAL HOSPITAL
2001 WEST 68TH ST.
HALEAH FL 33016**

Mailing Address: **C/O AMI PALMETTO GENERAL HOSPITAL
2001 WEST 68TH ST.
HALEAH FL 33016**

(DO NOT WRITE IN THIS SPACE)

3. Date of Report (fiscal year ended)		3a. Date of Last Report	
05/14/1990		01/31/1994	
2. Filing Office Number	2a. Mailing Address	4. FID Number	Applied For
21	26 7150 WEST 20 TH AVENUE	65-0191094	Not Applicable
22. Mailing Agency	27. State Apt. # etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	27 Suite 301	<input type="checkbox"/>	
23. City, State	28. City, State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	28 Hialeah FL	<input type="checkbox"/>	
24. Zip	25. Zip	29. Zip	30. Country
	25 33016	29 33016	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**FISHMAN, LEWIS W.
9130 SO. DADELAND BLVD.
S-1121
MIAMI FL 33156**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 607.0903, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME: DPS BAKST, STEWART R.	12.2 STREET ADDRESS: 2001 W 68TH ST.	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, STATE, ZIP: HALEAH FL		13.2 STREET ADDRESS	
12.4 TITLE		13.3 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.4 NAME	
12.6 STREET ADDRESS		13.5 STREET ADDRESS	
12.7 CITY, STATE, ZIP		13.6 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 TITLE		13.7 NAME	
12.9 NAME		13.8 STREET ADDRESS	
12.10 STREET ADDRESS		13.9 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY, STATE, ZIP		13.10 NAME	
12.12 TITLE		13.11 STREET ADDRESS	
12.13 NAME		13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.13 NAME	
12.15 CITY, STATE, ZIP		13.14 STREET ADDRESS	
12.16 TITLE		13.15 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption of filing in Section 110.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and fact state 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 manager or business manager of the corporation and that my signature shall have the same legal effect as if made under oath. I am the registered agent of the corporation.

SIGNATURE: *Stewart R. Bakst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 826-2588