

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44470 (5)
1. Corporation Name
MIAMI JUDO CLUB, INC.



Principal Place of Business Mailing Address
13931 SW 71ST LN MIAMI FL 33183

3. Date Incorporated or Qualified **07/29/1991** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **65-0290195** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LABRADOR, EDWARD G.
13931 SW 71ST LN
MIAMI FL 33183**

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 617.0502 and 617.1508, 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 617.0503, 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	CPTD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, LARRY	1.2 NAME
STREET ADDRESS	13931 SW 71ST LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, CIRA M.	2.2 NAME
STREET ADDRESS	13931 SW 71ST LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, EDWARD G.	3.2 NAME
STREET ADDRESS	13931 SW 71ST LANE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, ELIZABETH M.	4.2 NAME
STREET ADDRESS	13931 S.W. 71ST LANE	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JULIO	5.2 NAME
STREET ADDRESS	13931 S.W. 71ST LANE	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Labrador
LARRY LABRADOR

2/20/96 305-586-1848
Date Daytime Phone #

305-882-6490

CR2E037 (12/95)