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APPROVED AND FILED

95 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N94000004841 (2)
1. Corporation Name
GREATER MIAMI JUDO YOUTH ASSOCIATION INC.

Principal Place of Business Mailing Address
7351 S.W. 15TH ST. MIAMI FL 33144 **7351 S.W. 15TH ST. MIAMI FL 33144**

2. Principal Place of Business 2a. Mailing Address
21 **26** **12950 SW 117th St**
Suite, Apt. #, etc. City, Apt. #, etc.
22 **27** **910 SWAN Millan**
City & State City & State
23 **28** **MIAMI, FL**
Zip City
24 **25** **33186** **29** **Dade** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1994** 3a. Date of Last Report

4. FEI Number Applied For Not Applicable

5. Certificate of Status (Desired) **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.005, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MORALES, WILLIAM C
7315 S.W. 15TH ST.
MIAMI FL 33144

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 _____ DATE _____
Signature typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when resolving.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLAN, JUAN
STREET ADDRESS	12950 S.W. 117TH ST.
CITY - ST - ZIP	MIAMI FL 33186
TITLE	P
NAME	MORALES, WILLIAM C
STREET ADDRESS	7315 S.W. 15TH ST.
CITY - ST - ZIP	MIAMI FL 33144
TITLE	S
NAME	DELGADO, JOSE A
STREET ADDRESS	440 S.W. 133RD CT.
CITY - ST - ZIP	MIAMI FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MILLAN JUAN	
13 STREET ADDRESS	12950 SW 117th St	
14 CITY - ST - ZIP	MIAMI FL 33186	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MORALES, WILLIAM C	
23 STREET ADDRESS	7315 SW 15TH ST.	
24 CITY - ST - ZIP	MIAMI FL 33144	
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELGADO, JOSE A.	
33 STREET ADDRESS	440 SW 133RD CT.	
34 CITY - ST - ZIP	MIAMI FL 33184	
41 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	GEORGE L. HERNANDEZ	
43 STREET ADDRESS	631 SW. 89th Ct.	
44 CITY - ST - ZIP	MIAMI, FL 33174	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 manager or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: _____ DATE: **3/15/95**
Signature typed or printed name of signing officer or director