

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 # N95000005219 (9)

1. Corporation Name

U.S.A. NATIONAL KARATE-DO FEDERATION SOUTHERN FL
ORIDA REGIONAL SPORTS ORGANIZATION CORPORATION

Principal Place of Business

356 PALM AVE
HIALEAH FL 33010

Mailing Address

356 PALM AVE
HIALEAH FL 33010



3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26 350 PALM AVE.

4. FEI Number

XX Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 33010

30

U.S.A.

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

MUNOZ, JESUS L
356 PALM AVE
HIALEAH FL 33010

81 Name

PEREZ, LEONEL

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

350 PALM AVE.

83

84 City

HIALEAH

FL

85 Zip Code
33010

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

LEONEL PEREZ, DIRECTOR

4-19-96

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 DP ☐ DELETE
NAME PEREZ, LEONEL
STREET ADDRESS 356 PALM AVE
CITY-ST-ZIP HIALEAH FL 33010

1.1 TITLE DP ☐ Change ☐ Addition
1.2 NAME PEREZ, LEONEL
1.3 STREET ADDRESS 350 PALM AVE.
1.4 CITY-ST-ZIP HIALEAH, FL. 33010

TITLE DT ☐ DELETE
NAME PEREZ, YAN A
STREET ADDRESS 356 PALM AVE
CITY-ST-ZIP HIALEAH FL 33010

2.1 TITLE DT ☐ Change ☐ Addition
2.2 NAME PEREZ, YAN A
2.3 STREET ADDRESS 350 PALM AVE.
2.4 CITY-ST-ZIP HIALEAH, FL. 33010

TITLE DS ☒ DELETE
NAME MUNOZ, JESUS L
STREET ADDRESS 1402 E 7TH CT
CITY-ST-ZIP HIALEAH FL 33010

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME GARCIA, TONY
3.3 STREET ADDRESS 165 WEST 7 STREET
3.4 CITY-ST-ZIP HIALEAH, FL. 33010

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, for on an attachment with an address.

SIGNATURE:

LEONEL PEREZ, DIRECTOR.

3-19-96

305-8871423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)