FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P93000069071 (7)**

1. Corporation Name
UNIVERSITY OF TAE KWON DO, INC.

Principal Place of Business
6641-A SOUTH DIXIE HWY.
MIAMI FL 33143
US

Mailing Address
1029 SW 10TH AVE.
MIAMI FL 33130
US

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0452049 — 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

9. Name and Address of Current Registered Agent
HERNANDEZ, RALPH P JR
1029 SW 10TH AVE.
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: EDWARD J. HERNANDEZ SR.
82 Street Address (P.O. Box Number is Not Acceptable): 4501 SW 14 St.
83
84 City: MIAMI FL — FL
85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: (Signature and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) — DATE: 1-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, RAFAEL P. S	1.2 NAME	
STREET ADDRESS	1029 SW 10TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, EDWARD J. S	2.2 NAME	
STREET ADDRESS	1029 SW 10TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	HILDEGART ORTEGA	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	4501 SW 14 St.	3.2 NAME	Hildegart ORTEGA
STREET ADDRESS	MIAMI FL 33134	3.3 STREET ADDRESS	4501 SW 14 St.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI FL 33134
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 607, 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 — Date: 1-19-95 — Daytime Phone #: 443-8845

0107443 CP