## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT. 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P9300	0069071 (7)			
•	RSITY OF TAE KWON DO,				
			•		
Principal Plac	e of Business	Mailing Address		1 (2011) but (16 18190 (11)) bûtit bûtit bûtit bûtit	AILLE PRITT BRITT FRENCT STAT IN DE
8041 S.W. 69TH AVENUE 4501 S		4501 S.W. 14 STE.			
MIAMI FL 331	143	MIAMI FL 33134		DO NOT WRITE IN TH	IC CPACE
US		US		3. Date Incorporated or Qualified	15 SFAGE
				10/05/1993	
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0452049	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
<u> </u>	9. Name and Address of Curre		10. Name and Address of New Registers		
HE	RNANDEZ, EDWARD J SR.		81 Name		
450	01 SW 14TH ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33134			· · · · · · · · · · · · · · · · · · ·		
			83		
			84 City	F	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 report of the pur					of changing its registered
agent. I am familiar with a hope in the state of Florida, such change was authorized by the agent. I am familiar with a hope copt the obligations of Section 607.0505 Florida Statutes.				tion's board of directors, a neterby accept the a	ا م م مرادی
SIGNATURE	0800	6 PRO	SIBENT	/-	8-78
12.	Signature, typed or printed name of mujistured ag OFFICERS AN	nent and little if applicable (NOTE  ND DIRECTORS	Registered Agent signature require 13.	irod when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	ADDITIONAL WINDER TO CITTLE TO	Change Addition
NAME	HERNANDEZ, EDWARD		1.2 NAME		-
STREET ADORESS	4501 S.W. 14 ST		. 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	HILDEGART, ORTEGA		2.2 NAME		
STREET ADDRESS	4501 SW 14TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 CITY-ST-ZIP		Decree Department
TITLE	S HEDNANDEZ DAEAELD	☐ DELETE	3.1 TITLE		Change Addition
NAME CTREET APPROVES	HERNANDEZ, RAFAEL P 1029 S.W. 10TH AVE		3.2 NAME		
STREET ADDRESS	MIAMI FL 33134		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MINIMI I E DO 10-T	DELETE	3.4, CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		—	4.2 NAME		E comise E 1000000
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-Zip			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELÉTÉ	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, to an attachment with an address,

SIGNATURE:

1-8-87

(305) 663-4954

**FILED** 

Jan 28 1998 8:00am

Secretary of State