

# 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 14 8:17

DOCUMENT # P93000074231 (0)

1. Corporation Name

UNIVERSAL TAEKWON-DO & FITNESS CENTER, INC.

Principal Place of Business

1842 SW 104TH PLACE  
MIAMI FL 33165

Mailing Address

1842 SW 104TH PLACE  
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/17/1994

4. FEI Number

65-0447186

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 § 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 287 N. Collier Blvd-

Suite, Apt. #, etc

2a. Mailing Address

26 287 N. Collier Blvd

Suite, Apt. #, etc

City & State

23 MARCO ISLAND, FLORIDA

City & State

28 MARCO ISLAND, FLORIDA

Zip

24 33937

Country

25 U. S. A

Zip

29 33937

Country

30 U. S. A

9. Name and Address of Current Registered Agent

MORALES, PEDRO  
1842 SW 104TH PLACE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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

(Signature of person named as registered agent and the filer)

(Signature of Registered Agent (signature required when forwarding))

(Date)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | DP                  |
| NAME           | MORALES, PEDRO      |
| STREET ADDRESS | 1842 SW 104TH PLACE |
| CITY ST ZIP    | MIAMI FL 33165      |
| TITLE          | DST                 |
| NAME           | MORALES, SONIA      |
| STREET ADDRESS | 1842 SW 104TH PLACE |
| CITY ST ZIP    | MIAMI FL 33165      |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY ST ZIP    |                     |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 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)(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:

*Pedro Morales*  
PEDRO MORALES

(Signature and typed or printed name of signing officer or director)

6-7-95

(Date)

(Signature of Agent)