


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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000074231 (0)**

1. Corporation Name

UNIVERSAL TAEKWON-DO & FITNESS CENTER, INC.

Principal Place of Business

Mailing Address

**287 N COLLIER BLVD
MARCO ISLAND FL 34145
US**

**287 N COLLIER BLVD
MARCO ISLAND FL 34145-3013
US**



2. Principal Place of Business

2a. Mailing Address

21 OLYMPIC PLAZA

26 OLYMPIC PLAZA

Suite, Apt. #, etc

Suite, Apt. #, etc

22 287 N. COLLIER BLVD

27 287 N. COLLIER BLVD

City & State

City & State

23 MARCO ISLAND, FL

28 MARCO ISLAND, FL

Zip

Country

Zip

Country

24 34145

25 U.S.

29 34145

30 U.A

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

07/08/1996

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 s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

MORALES, PEDRO

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

OLYMPIC PLAZA

83 **287 N. COLLIER BLVD**

84 City

MARCO ISLAND,

FL

85 Zip Code

34145

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MORALES, PEDRO**
CITY-ST-ZIP **1842 SW 104TH PLACE**
MIAMI FL 33185

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **MORALES, SONIA**
CITY-ST-ZIP **1842 SW 104TH PLACE**
MIAMI FL 33185

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

PEDRO MORALES

5/13/97.

(941) 389-0103

Date

Daytime Phone #

CR2E034 (9/96)