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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P9400002891 (7)

DOCUMENT # SANG'S TAE KWON DO SCHOOL OF PEMBROKE PINES INC. Principal Place of Business Maling Address 407 LINCOLN ROAD SUJITE 5B 407 LINCOLN ROAD SUJITE 5B MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1994 12/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032 24 25 ☐ Yes ☐ No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRITO, LUIS G Street Address (P.O. Box Number is Not Acceptable) 440 ESPANOLA WAY MIAM! BEACH FL 33139 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and rite mapping on INDIE Registered Agent is puttore to pulse when recolating (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DILE DELETE 1 1 TITLE Change Addition KANG, SANG KOO NAME 1.2 NAME CR2E034 % 440 ESPANOLA WAY STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 C:TY-S1-ZIP TITLE DELETE 2 1 T:TLE ☐ Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-SI-ZIF TITLE DELETE 3 1 TITLE ---Cnange Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 20F DELETE TITLE 4 1 TITLE Addition NAME 4.2 NAME 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-7IP 5.4 CITY - ST- ZIP TITLE [] DELETE 6 1 TITLE 300001773463°°° -04/09/96--01051--008 Addition NAME 6.2 NAME STREET ADORESS 6.3 STREE ADDRESS ***200.00 6.4 CITY - ST- ZIP 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 3 if changed, or on an attachment with an ac

ED NAME OF SIGNING OFFICER OR DIRECTOR