SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000021935 (9) DOCUMENT # UNION DOJO, INC. Mahing Address Principal Place of Business 409 GERONA AVE. 409 GERONA AVE. CORAL GABLES FL 33146 CORAL GABLES FL 33146 3a. Date of Last Report 3. Date Incorporated or Qualified 08/03/1995 03/22/1994 Applied For **FEI Number** 2a. Mailing Address 2. Principal Place of Business Not Applicable PLARAENT PRINCIPAL PLACE 65-0480240 ADDRESS CORRECT \$8.75 Additional Suite, Apt #. etc 5. Certificate of Status Desired Fee Required Suite Apt #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has hability for intangible tax under s. 199 032 23 Country Yes 🔀 No Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 BUDIHAS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 409 GERONA AVE. **CORAL GABLES FL 33146** 83 Zip Code 85 84 City 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 hoard of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when relast drug) SIGNATURE Stgradule: Typed or product name of registered agent and title if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1 TITLE CR2E034 TITLE 1.2 NAME BUDIHAS, ROBERT E 1.3 STREET ADDRESS 409 GERONA AVE. STREET ADDRESS 1.4 CiTY - \$1 - Zi^o Change Addition CORAL GABLES FL 33146 CITY-ST-ZIP DELETE 2.1 1011.6 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition City-ST-ZIP DELETE 31 HITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St. 7IP Change Addition CITY - ST - ZIP DELETE 4.1 BILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 TIFLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP Change ___ Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address 64 CITY - ST 71P