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 FILED** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State Aug 19 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State P94000035038 (6) **DOCUMENT #** KARATEWORKS ACADEMY, INC. DILBO (PR 1841 BIRL) BIRL) BIRL) BIRLI Mailing Address Principal Place of Business 9210 SW 158 LN 200 9210 SW 158 LN 200 MIAMI FL 33157 3a. Date of Last Report MIAMI FL 33157 Date Incorporated or Qualified 05/16/1995 05/05/1994 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 65-0489658 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite Apt. #, etc \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for inlangible tax under s 199 032 28 23 Country Zip Yes No Country Zip 30 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name STAFFORD, KEVIN Street Address (P.O. Box Number is Not Acceptable) 82 9210 SW 158 LN 200 MIAMI FL 33157 83 Zip Code 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 board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. Stignature, type thor political nadio of registered agreement title it apply after (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 117716 CR2E034 TITLE STAFFORD, KEVIN NAME 1.3 STREET ADDRESS 9210 SW 158 LN 200 STREET ADDRESS 14 CHY - ST - ZIP Change Addition MIAMI FL 33157 CITY - ST - ZIP DELETE 2 i TiFLE THILE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS Change Addition CITY - ST - ZIP 3.1 THTLE DELETE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP Change Addition CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 2000019253328aga -08/19/96--01016--021 5.4 CITY - ST-ZIP Addition CITY - ST - ZIP DELETE 6111114 8 TITLE 62 NAME /19 NAME 63 STREET ADDRESS 14. If 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 1. If do hereby 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 STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-417-3042

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