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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034330 (7)

DRAGONS BLACK BELT ACADEMIES, INC.

FILED
Mar 15 1996 8:00 am
Secretary of State

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	lace of Business	Mailing Address			I 19811961 119 19191 9111 9610 9811 9911		
	UTHEAST PORT ST. LUCIE BLVD. ST. LUCIE FL 34984	283 SOUTHEAST PO PORT ST. LUCIE FL		BLVD.			
					3. Date Incorporated or Qualified 3a 05/02/1995	. Date of Last Report	
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	<del></del>		59-3311669	Not Applicable	
	kynt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & S 23	State	Crty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζ(ρ 24	Country 25	Ζιρ <b>29</b>	Country 30	/	8. This corporation has liability for intang Florida Statutes		
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	tered Agent	
			81	Name			
DIODATO, VICTOR J			82 Str		ress (P.O. Box Number is Not Acceptable)		
	NE SAGAMORE TERRACE RT ST. LUCIE FL 34983		83				
	,,		84	City		FL 85 Zip Code	
<b>11.</b> Parsar	ant to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the above-	named corpo	ration submits this statement for the purpose	of changing its registered office	
or regi familia	istered agent, or both, in the State of Flor is with, and accept the obligations of, Sec	rida. Such change was authori: :tion 607.0505. Florida Statute	zed by the corp s.	poration's boa	ord of directors. I hereby accept the appointm	ent as registered agent. I am	
SIGNATUR	•						
SIGNATION	Signature Typied or printed name of registered age:	ntand tire 1 applicable (N	Q1E Registered Age	nt signature require	d when rainstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TIFLE	PD	DELETE	1. 1 TITLE			Change Addition	
NAM(	DIODATO, VICTOR J		1.2 NAME				
STREET ADDRE	css 257 Northeast Sagamo	RE TERRACE	1.3 STREE	T ADDRESS			
City-St-Zif	PORT ST. LUCIE FL 34953						
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certify that the mornation 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 12 if changed, or on an attachment with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

407-818-7912.