FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000050004 (7)

1. Corporation Name

COVAS TAE KWON DO SCHOOL INC.

Principal Place of Business	Mailing Address
3902 OCALA RD LANTANA FL 33462	3902 OCALA RD LANTANA FL 33462

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report: N/A New business.

2. Principal Place of Business	2a. Mailing Address
21 4469 S. Congress Ave	26 4469 S. Congress Ave.
Suite, Apt. #, etc: 22 Bay 119	Suite, Apt. #, etc: 27 Bay 119
City & State: 23 Lake Worth, Florida	City & State: 28 Lake Worth, Florida
Zip: 24 33461 Country: 25 U.S.A	Zip: 29 33461 Country: 30 U.S.A

4. FEI Number: 65-0591777 ☐ 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

9. Name and Address of Current Registered Agent

COVAS, PEDRO J
3902 OCALA RD
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	COVAS, PEDRO J		1.2 NAME	COVAS, PEDRO J
STREET ADDRESS	3902 OCALA RD		1.3 STREET ADDRESS	3902 OCALA RD.
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP	LANTANA Fl 33462
TITLE	D	☐ DELETE	2.1 TITLE	D/V ☒ Change ☐ Addition
NAME	COVAS, BEATRIZ E		2.2 NAME	COVAS, BEATRIZ E
STREET ADDRESS	3902 OCALA RD		2.3 STREET ADDRESS	3902 OCALA RD.
CITY-ST-ZIP	LANTANA FL 33462		2.4 CITY-ST-ZIP	LANTANA Fl 33462
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ 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-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 13 if changed, or on an attachment with an address.

SIGNATURE: Beaty Covas - Beatriz COVAS (D/V) 4/22/96 (407) 964-7464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)