

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 # P95000052039 (1)

1. Corporation Name

AMERICAN TIGER KARATE SCHOOL & MARTIAL ARTS CENT  
ER, INC.



Principal Place of Business

Mailing Address

20348 NW 2ND AVENUE  
SPACE 20  
MIAMI FL 33169

20348 NW 2ND AVENUE  
SPACE 20  
MIAMI FL 33169

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

4. FEI Number

65-0591126

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

10. Name and Address of New Registered Agent

RUIZ, CARLOS  
117 NO. 61ST TERRACE  
HOLLYWOOD FL 33024

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

Signature typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
RUIZ, CARLOS  
STREET ADDRESS  
117TH NORTH 61ST TERRACE  
CITY-ST-ZIP  
HOLLYWOOD FL 33024

TITLE V ☐ DELETE

NAME  
COLBOURNE, ARMANDO  
STREET ADDRESS  
70 NE 212ST STREET  
CITY-ST-ZIP  
MIAMI FL 33179

TITLE S ☐ DELETE

NAME  
RUIZ, MARILYN  
STREET ADDRESS  
117 NORTH 61ST TERRACE  
CITY-ST-ZIP  
HOLLYWOOD FL 33024

TITLE T ☐ DELETE

NAME  
COLBOURNE, WINIFRED L  
STREET ADDRESS  
70 NE 212ST STREET  
CITY-ST-ZIP  
MIAMI FL 33179

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

5:00 To 9:00 PM.

Daytime Phone #

CR2E034 (12/95)