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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000000250 (6)

1. Corporation Name
UNIVERSAL TAE KWON DO, INC.

Principal Place of Business
1800 WEST 68 STREET, SUITE 210 119
HIALEAH FL 33014

Mailing Address
1800 WEST 68 STREET, SUITE 210 119
HIALEAH FL 33014-4462



3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
4. FEI Number 65-0630489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name HERRERA RAFAEL RAMOS
82 Street Address (P.O. Box Number is Not Acceptable) 8525 SW 152 AVE # 277
83
84 City MIAMI
85 FL Zip Code 33193

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: *Rafael Ramos* DATE: 3-2-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Rafael Ramos* DATE: 3-2-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rafael Ramos Herrera 388-0497

CR2E034 (9/96)