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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Bloci

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000004232 (0)**

MARTIAL ARTS VENTURES FLORIDA, INC.

Principal Prace of Business Mailing Address 1318 S.W. 160TH AVENUE 1318 S.W. 160TH AVENUE SUNRISE FL 33326-1907 SUNRISE FL 33326 3a. Date of Last Report 3. Date Incorporated or Qualified 01/12/1996 4. FEI Number Applied For 2. Principal Prace of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be [Trust Fund Contribution Added to Fees 28 23 Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 🖬 Yes 🗀 No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KIRBY, EDWARD R 1318 S.W. 160TH AVENUE 82 Street Add SUNRISE FL 33326 83 84 City 85 Zip Code Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Pursuant to the proveit. e of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tions of, Section 607.0505, Florida Statutes. office or register agent Lam fanj DATE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS RESIDENT PSD DELETE 1.1 TITLE THE KIRBY, EDWARD R 1.2 NAME NAME 1318 S.W. 160TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 COLY-ST ZIP 1.4 CITY - ST - ZIP DELETE Addition VΠD 2.1 TITLE THEE PELLEGRINI, JOHN 2.2 NAME NAME 1318 S.W. 160TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 2 4 City-St-ZiP CITY - ST DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME **3.9 STREET ADDRESS** STREET ALLORESS 34. CITY-ST-ZIP CHY-ST-ZIP Change Addition THUE DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CHY-SI-ZIP Addition DELETE ___ Change 5.1 TITLE Tift® 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP \$11 Y - \$1 - Z4 Addition DELETE 6.1 T(T) F TILE 6.2 NAME NAME

6.3 STREET ADDRESS

Alfred J. MATTaliano 95734-)288

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 dopportation or the receivegor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name