

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90060 046 \*\*\*150.00

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DOCUMENT # P96000065409

1. Corporation Name  
USA GOJU KARATE, INC.

Principal Place of Business  
8340 N MISSIONWOOD CIRCLE  
MIRAMAR FL 33025

Mailing Address  
8340 N MISSIONWOOD CIRCLE  
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number  
65-0718339

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7927 Johnson St.

Suite, Apt. #, etc.

22 9

City & State

23 Pembroke Pines

Zip

24 33024

Country

25 USA

2a. Mailing Address

26 7927 Johnson St.

Suite, Apt. #, etc.

27 9

City & State

28 Pembroke Pines

Zip

29 33024

Country

30 USA

9. Name and Address of Current Registered Agent

REIZNER, DANIEL  
8340 N MISSIONWOOD CIRCLE  
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7927 Johnson St.

83 # 9

84 City Pembroke Pines

FL

85 Zip Code  
33024

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 title if applicable.

Daniel Reizner

3-29-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME DANIEL REIZNER  
STREET ADDRESS 8340 N. MISSIONWOOD CIR.  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Daniel Reizner  
1.3 STREET ADDRESS 7927 Johnson St. #9  
1.4 CITY-ST-ZIP Pembroke Pines - FL - 33024

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Reizner

Date

3-29-99 954 894

Daytime Phone #

8525

CR2E034 (11/98)