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**Apr 09, 1999 8:00 am**
**Secretary of State**
04-09-1999 90006 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

# DOCUMENT # P97000016481

1. Corporation Name
**U.S.A. NATIONAL SHITO-KAI CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 350 PALM AVENUE<br>HIALEAH FL 33010 | 350 PALM AVENUE<br>HIALEAH FL 33010 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1997
4. FEI Number: 65-0731915 — 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

**9. Name and Address of Current Registered Agent**
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**
81 Name: LEONEL PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 10675 S.W. 8 ST.
83
84 City: MIAMI FL 85 Zip Code: 33174

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: P.D. — DATE: 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | PEREZ, LEONEL | |
| STREET ADDRESS | 350 PALM AVENUE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | SD | ☐ DELETE |
| NAME | PEREZ, CYNTHIA | |
| STREET ADDRESS | 350 PALM AVENUE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | TD | ☐ DELETE |
| NAME | PEREZ, YAN A | |
| STREET ADDRESS | 350 PALM AVENUE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| 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 | PD | ☒ Change ☐ Addition |
| 1.2 NAME | PEREZ, LEONEL | |
| 1.3 STREET ADDRESS | 10675 S.W. 5 ST. | |
| 1.4 CITY-ST-ZIP | MIAMI FL. 33174 | |
| 2.1 TITLE | SD | ☒ Change ☐ Addition |
| 2.2 NAME | PEREZ, CYNTHIA | |
| 2.3 STREET ADDRESS | 10675 S.W. 5 ST. | |
| 2.4 CITY-ST-ZIP | MIAMI FL. 33174 | |
| 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 | | |

CR2E034 (11/98)

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 any address, with all other like empowered.

**SIGNATURE:** SIGNATURE LEONEL PEREZ — 4-1-99 — 305-887-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #