SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000068893 (1)

AMERICAN PANTHER DO MARTIAL ARTS INSTITUTE, INC.

Principal Place of Business	Mailing Address	
7893 PINES BLYD. PEMBROKE PINES FL 33024	7893 PINES BLVD. PEMBROKE PINES FL 33024	
2. Principal Place of Business		
2. Principal Place of Business	2a. Mailing Address	
¬ '	28. Mailing Address 26	
¬ '	<u>⊢</u> ,	
21	26	

FILED Jul 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1997 Applied For 65-0773981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaion Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intensible Country Country Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BELTRAN, WILLIAM 7893 PINES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 City 85 Zip Code of sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and only the obligations of section 607.0505, Florida Statutes. Pursuant to the provisions office or register agent. I am fam SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIREC 13. TITLE 1.1 TITLE DELETE Change Addition **BELTRAN, WILLIAM** NAME 1.2 NAME 7893 PINES BLVD. 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 1.4 CITY-ST-ZIP CITY-ST-ZIF TITLE 2.1 TITLE DELETE ___ Change ___ Addition REQUEJO, ANTONIO L 7893 PINES BLVD. STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33024 2.4 CITY-ST-ZIP CITY-ST-ZIE TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE ___ DELETE Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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

CR2E034 (5/98)