

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:07

DOCUMENT # V21478 (5)

1. Corporation Name

UNITED STATES JUDO FEDERATION/FLORIDA YUDANSHAKA  
I INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 2311  
HIALEAH FL 33012

PO BOX 2311  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1992

06/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

24

29

25

30

4. FEI Number

Applied For

65-0323728

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 has liability for intangible tax under s. 199.02,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIERA, GILBERTO  
11890 NW 87TH COURT  
BAY #5  
HIALEAH GARDENS FL 33016

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent or Registered Agent's Designee)

(Signature of Registered Agent or Registered Agent's Designee)

(Signature of Registered Agent or Registered Agent's Designee)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                 |
|----------------|-----------------|
| TITLE          | PD              |
| NAME           | VIERA, GILBERTO |
| STREET ADDRESS | 1025 W 56 ST    |
| CITY, ST, ZIP  | HIALEAH FL      |
| TITLE          | VD              |
| NAME           | GARCIA, EVELIO  |
| STREET ADDRESS | 4965 NW 186 ST  |
| CITY, ST, ZIP  | MIAMI FL        |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY, ST, ZIP  |                 |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 18 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           |                                                                   |
| 20 STREET ADDRESS |                                                                   |
| 21 CITY, ST, ZIP  |                                                                   |
| 22 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           |                                                                   |
| 24 STREET ADDRESS |                                                                   |
| 25 CITY, ST, ZIP  |                                                                   |
| 26 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |                                                                   |
| 28 STREET ADDRESS |                                                                   |
| 29 CITY, ST, ZIP  |                                                                   |
| 30 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME           |                                                                   |
| 32 STREET ADDRESS |                                                                   |
| 33 CITY, ST, ZIP  |                                                                   |
| 34 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 35 NAME           |                                                                   |
| 36 STREET ADDRESS |                                                                   |
| 37 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (305) 538-0342