

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/95--01119--029
*****233.75 *****233.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/20/1994

3a. Date of Last Report

4. FEI Number
95-3074420

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 has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

Principal Place of Business
**100 DAEWOO PLACE
CARLSTADT NJ 07072**

Mailing Address
**100 DAEWOO PLACE
CARLSTADT NJ 07072**

2. Principal Place of Business
21 **120 Chubb Ave.**
Suite, Apt. #, etc.

2a. Mailing Address
25 **120 Chubb Ave**
Suite, Apt. #, etc.

City & State
23 **Lyndhurst, NJ**

City & State
27 **Lyndhurst, NJ**

Zip
24 **07071**

Country
29 **Bergen**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOI, E J
8300 N.W. 53RD ST., STE 208
MIAMI FL 33166**

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, typed or printed name of registered agent and CEO if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHO, YONG N
STREET ADDRESS	30 OAK ROAD
CITY - ST - ZIP	SADDLE RIVER NJ
TITLE	ST
NAME	KIM, BYUNG S
STREET ADDRESS	77B FORSYTHIA LANE
CITY - ST - ZIP	PARAMUS NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	Rhim, Choon
2.4 CITY - ST - ZIP	1433 Teresa Dr. Fort Lee, NJ 07024
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Print Name)