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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90147 039 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N96000005884

1. Corporation Name
KOREAN CULTURAL FOUNDATION OF GREATER MIAMI, INC

| | |
|--|--|
| Principal Place of Business 1550 MADRUGA AVE STE 415 CORAL GABLES FL 33146 | Mailing Address 1550 MADRUGA AVE STE 415 CORAL GABLES FL 33146 |
|--|--|



| | | | | | |
|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 11/14/1996 | 4. FEI Number 65-0819723 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

9. Name and Address of Current Registered Agent

CHYUNG, CHIE-YOUNG
 1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ALLEN, MIMI H | |
| STREET ADDRESS | 2372 DATE PALM DR. | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CHYUNG, CHIE-YOUNG | |
| STREET ADDRESS | 1550 MADRUGA AVE., STE 415 | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHYUNG, CHIE-YOUNG | |
| STREET ADDRESS | 7545 SW 130 ST | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEE, JONG HWA | |
| STREET ADDRESS | 901 SOUTH 60 AVE., STE 260 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | YI, INA C | |
| STREET ADDRESS | 20801 BISCAYNE BLVD., STE 431 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEE, HA CHIN | |
| STREET ADDRESS | 4950 N.W. 65 AVE. | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Chie-Young Chyung 3/30/99 705-665-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)