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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017220 (3)

FILED
Jan 27 1998 8:00am
Secretary of State

BAG TOWN, INC. Principal Place of Business Mailing Address 777 N.W. 72ND AVE. 777 N.W. 72ND AVE. SUITE 28816 SUITE 2BB16 DO NOT WRITE IN THIS SPACE MIAM! FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 03/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 65-0394788 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 □ No Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KIM, YONG M -3960 N-50TH AVE #109-82 SUITE 9. 83 -HOLLYWOOD FL 33021 -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. 0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE 1.1 TITLE Change KIM, YONG M NAME 1.2 NAME 3960 N. 56TH AVE:, #109~ STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021-CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TiTi F Addition KIM, MIR NAME 2.2 NAME 10409 NW 7th ct 3900 N: 56TH AVE., #108-STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A REQUIFIELS

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1/19/97