

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000040874 (7)

1. Corporation Name
339 HEALTH STUDIO, INC.



Principal Place of Business: **339 NE 167TH ST. N. MIAMI BEACH FL 33162**
Mailing Address: **339 NE 167TH ST. N. MIAMI BEACH FL 33162-2304**

3. Date Incorporated or Qualified: **06/01/1994**
3a. Date of Last Report: **07/18/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **59-3251686**
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

9. Name and Address of Current Registered Agent
**PARK, YOO WON
339 NE 167TH ST.
N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent (81-84) and 85. Zip Code: **FL**

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 furnishing with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Yoo Won Park* (NOTE: Registered Agent signature required when reinstating) DATE: **1/17**

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	KIM, SUN CHA	
STREET ADDRESS	1226 GOOD HOMES RD.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARK, YOO WON	
STREET ADDRESS	339 NE 167TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	PARK, YOO WON
2.4 CITY-ST-ZIP	339 NE 167TH ST. N. MIAMI BEACH, FL 33162
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 do 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: *Yoo Won Park* DATE: **1/15/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)