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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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HONAM FRIENDSHIP ASSOCIATION OF FLORIDA INC.

appears in Block 12 or Block 13 if phanged, or on an attachment

Principal Place of Business Mailing Address 13847 S. DIXIE HWY. 13847 S. DIXIE HWY. MIAMI FL 33176-7221 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1995 04/20/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0602617 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOLFE, LARRY Street Address (P.O. Box Number is Not Acceptable) 82 200-A JOHN KNOX ROAD 83 TALLAHASSEE FL 32303-6643 84 City 0.02 and 612 1508 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fails of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's point of directors of the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. I hereby accept the appointment as registered by the corporation of directors. Pursuant to the provisions of Sections 617.05 office or registered agent, or both in the stat agent. I am familiar with, and accept the obly SIGNATURE Signature, typed or printed harge of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICIALS AND DIRECTORS Change ___ Addition DELETE TITLE n 1.1 TITLE MR. SOO SE CHO 1.2 NAME NAME 13847 S. DIXIE HWY. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 2.1 TITLE TITLE D MR. KIE NAM PARK 2.2 NAME NAME 4221 NW 73RD PLACE 2.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33325 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE Mr. JI YOUNG SONG NAME 3.2 NAME 4941 NW 84TH AVE. 3.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33351 3.4. CITY - ST - ZIP CITY-ST-ZIF Addition DELETE Change 4.1 TITLE TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZiP CITY-SI-7IP Addition DELETE Change 6.1 TITLE THE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY - S1 - 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 617, Florida Statutes; and that my name