

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768150 (5)

1. Corporation Name

KOREAN ASSEMBLY OF GOD OF MIAMI, INC.



Principal Place of Business

Mailing Address

7777 SW 39 ST
DAVIE FL 33328
US

7777 SW 39TH ST
DAVIE FL 33328
US

3. Date Incorporated or Qualified
04/26/1983

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number

65-0051159

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILMORE, HYE SUK
720 FAIRWAY DR.
PLANTATION FL 33317

81 Name JAMES PAEK
82 Street Address (P.O. Box Number is Not Acceptable)
1546 S.W. 116 AVE
83
84 City P. Pines FL 85 Zip Code 33025

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
STREET ADDRESS CHOI, KEUN N
CITY-ST-ZIP 2846 S UNIVERSITY DR., #4208 DAVIE FL

TITLE
NAME SD
STREET ADDRESS GILMORE, HYE SUK
CITY-ST-ZIP 720 FAIRWAY DR. PLANTATION FL

TITLE
NAME TD
STREET ADDRESS WILSON, THOMAS G.
CITY-ST-ZIP 6651 SW 30TH STREET MIRAMAR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD
2.2 NAME JAMES PAEK
2.3 STREET ADDRESS 1546 S.W. 116 AVE
2.4 CITY-ST-ZIP P. Pines FL 33025

3.1 TITLE TD
3.2 NAME JUN HYUN Kim
3.3 STREET ADDRESS 8860 N.W. 178 COURT #359
3.4 CITY-ST-ZIP Tamarac FL 33321

4.1 TITLE
4.2 NAME SD
4.3 STREET ADDRESS Sung Jin oh
4.4 CITY-ST-ZIP 4070 Cocoplum Circle #38-103 Coconut Creek FL 33063-0000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 700001918227
5.4 CITY-ST-ZIP -08/09/96--01067--019

6.1 TITLE
6.2 NAME ***61.25
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 119.07(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 617, 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

Daytime Phone

CR2E037 (3/96)