

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768150 (5)**  
1. Corporation Name  
**KOREAN ASSEMBLY OF GOD OF MIAMI, INC.**



Principal Place of Business 7777 SW 39 ST DAVIE FL 33328 US	Mailing Address 7777 SW 39TH ST DAVIE FL 33328-2714 US
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3. Date Incorporated or Qualified <b>04/26/1983</b>	3a. Date of Last Report <b>08/09/1996</b>
4. FEI Number <b>65-0051159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. <i>Same as above</i>	2a. Mailing Address 26. <i>Same as above</i>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**PAEK, JAMES**  
1546 SW 116 AVE  
P. PINES FL 33025

10. Name and Address of New Registered Agent  
81. Name *Same*  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.   
84. City **FL** 85. Zip Code

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: *Paek James* *James Paek* *4/27/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHOI, KEUN N	
STREET ADDRESS	2846 S UNIVERSITY DR., #4208	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAEK, JAMES	
STREET ADDRESS	1546 S.W. 116 AVE	
CITY-ST-ZIP	P. PINES FL 33025	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIM, JUN HYUN	
STREET ADDRESS	8860 N.W. 78 COURT #359	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OH, SUNG JIN	
STREET ADDRESS	4070 COCOPLUM CIRCLE #33-103	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHOI, KEUN NIYUNG	
1.3 STREET ADDRESS	2846 S. University Dr. #4208	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Same</i>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Same</i>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Same</i>	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keun Niyung Choi* *4/27/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037472

CR2E037 (9/96)