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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000003583 (2)**

1. Corporation Name
SURE CUTTING SERVICE, INC.

Principal Place of Business	Mailing Address
14785 N.W. 24TH COURT OPA LOCKA FL 33054 US	14785 N.W. 24TH COURT OPA LOCKA FL 33054 US

3. Date Incorporated or Qualified: **08/05/1993**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0430306**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

KIM, SUN K
14785 N.W. 24TH COURT
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE: (Typed or printed name of person signing) (Title if Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: KIM, KANG S		1.2 NAME	
STREET ADDRESS: 14785 N.W. 24TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP: OPA LOCKA FL 33054		1.4 CITY-ST-ZIP	
TITLE: S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: MOON, BYUNG S		2.2 NAME	
STREET ADDRESS: 14785 N.W. 24TH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP: OPA LOCKA FL 33054		2.4 CITY-ST-ZIP	
TITLE: TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: KIM, SUN K		3.2 NAME	
STREET ADDRESS: 14785 N.W. 24TH COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP: OPA LOCKA FL 33054		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Sun K [illegible] 02-11-96 305 685-1213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)