Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90012 047 ***400.00

07-27-1999 90012 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT:OF STATE

Katherine Harris

Secretary of State DIVISION OF GORPORATIONS

DOCUMENT # F93000003583

 Corporatio 	n Name	•			
SURE CUTTING SERVICE, INC.					
				1 (83) 1 (83) 1 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	(1 66123 (21 6) 1 1181 (1111 (211) 186)
Bringing Blog	e of Business	Mailing Address			
-	and the state of t	Ť		•	
2400 NW 150TH ST					
US US				DO NOT WRITE IN THIS SPACE	
00		00		3. Date Incorporated or Qualifed	
				08/05/1993	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
			150 Street	65-0430306	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			0 0 70/1001		\$8.75 Additional
	#, etc.	⊢ ''''		5. Certifcate of Status Desired	Fee Required
22	La Company Com	City & State		6. Election Campaign Financing	\$5.00 May Be
				Trust Fund Contribution	Added to Fees
23 DPA-Locka 28 OPA-Locka Zip Country Zip			Country	- 	
Zip /	, <u></u>			 This corporation owes the current year in the Personal Property Tax. 	☑Yes □No
24 3301		29 33054 30	us A_	10. Name and Address of New Registere	
	9. Name and Address of Currer	it Registered Agent	81 Name		u riguin
KIM, SUN K			or Name Dong Kyy Lee		
2400 NW 150TH ST			82 Street Address (P.O. Box Number is Not Acceptable)		
=			24	00 N.W 150 Street	
OPA LOCKA FL 33054			83		
· v			84 City (2)		85 Zip Code
			FL 33054		
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					
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, Segtion 607.0505, Florida Statutes.					
				6/4	/99
SIGNATURE	Signature, typed or printed name of registered ag	ht and title if applicable. (NOTE: Rec	istered Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DÈrETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	KIM, KANG S	and the second	1.2 NAME	Dong Kyu Lee, 1	
STREET ADDRESS	OLOG ANAL APOTLL OT	Sala Sala Sala Sala Sala Sala Sala Sala	l '	Dong Kyu Lee	
	OPA LOCKA FL 33054	r h 250	1.4 CITY-ST-ZIP		54
CITY-ST-ZIP	e .	□ DELETE	2.1 TITLE \	I P	Change Addition
TITLE	MOON, BYUNG S	- Decere	2.2 NAME	Do Sun	
NAME	TO LOG ANAL APOTLL OT		· I	神経のものに 「対しては」	
STREET ADDRESS				2400 NW TSE	. 1. 1/2.
CITY-ST-	LOCKA FL 33054		-2/4 CITY-ST-ZIP _~	Da-Locka-, Human	Mana Take Kin
TITLE	TD	☐ DELETE	3.1 TITLE	<u>S</u>	G-Onlingo Julian Aced John
NAME ~~~~	KIM, SUN K		3.2 NAME	Jung-Hee-Park	المحت المساحد الما
STREET ADDRESS			3.3 STREET ADDRESS	3/1,00 A/ 4/ /SU NITE CO	
CITY-ST-ZIP	OPA LOCKA FL 33054	·	3.4. CITY-ST-ZIP	Opa-Locka, FL 3395	<u> </u>
TITLE		☐ DELETE	4.1 TITLE	,	Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
	1		4.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
i		— +-	5.2 NAME	•	
NAME			5.3 STREET ADDRESS	,	
STREET ADDRESS	· ·	3			
CITY OT 78D		3	5.4 CITY-ST-ZIP		!

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

305)681-1700

Change

☐ Addition