


**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90209 002 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # F99000000838</b>		
1. Entity Name <b>KIA MOTORS CORPORATION REGIONAL HEADQUARTERS OF CENTRAL &amp; SOUTH AMERICA</b>		

**KIA MOTORS CORP.**

**94073449**

Principal Place of Business 8300 NW 53RD ST #108 <b>REGIONAL HEADQUARTERS OF CENTRAL &amp; SOUTH AMERICA</b>	Mailing Address <del>8300 NW 53RD ST #108</del> <del>MIAMI, FL 33166</del>
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**3700 NW 114 AVENUE MIAMI, FL 33178**

**KIA MOTORS CORP.**

**REGIONAL HEADQUARTERS OF CENTRAL & SOUTH AMERICA 3700 NW 114 AVENUE MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

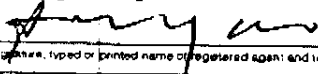
4. FEI Number <b>65-0892716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHO, SANDY H**  
2750 NW 3RD AVE  
#19  
MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

4/26/04

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

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTO CHO, WOON 8300 NW 53RD ST #108 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	GM KWAK, HAN BONG 8300 NW 53RD ST #108 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #