2007 FOR PROFIT CORPORATION

May 16, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F99000000838 05-16-2007 90021 027 ***150.00 KIA MOTORS CORPORATION REGIONAL **HEADQUARTERS OF CENTRAL & SOUTH AMERICA 4UII4UPP** Principal Place of Business Mailing Address KIA MOTORS CORP. KIA MOTORS CORP. 3700 NW 114 AVE. 3700 NW 114 AVE. MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 65-0892716 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHO, SANDY H Street Address (P.O. Box Number is Not Acceptable) 2750 NW.3RD AVE #19 🙃 MIAMI, FL 33127 Zip Code 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 Withe obligations of registered agent april 26,07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Delete TITLE ☐ Change Addition TITLE LEE, KYUNG S NAME NAME STREET ADDRESS 3700 NW 114TH AVE STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME LEE, DONG H NAME STREET ADDRESS 3700 NW 114TH AVE STREET ADDRESS MIAMI, FL 33178 CITY-ST-7IP CITY-ST-ZIP Delete DGM ☐ Change Addition TITLE TITLE chang, mun Y. AWAK, HAN B NAME NAME STREET ADDRESS 3700 NW 114TH AVE STREET ADORESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED