## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CIRECTOR

## Mar 02, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # F99000002342 1. Entity Name 03-02-2004 90032 038 \*\*\*150 00 HYUNDAI MOTOR COMPANY Principal Place of Business Mailing Address 9250 NW 25 ST. MIAMI FL 33172 9250 NW 25 ST. MIAMI FL 33172 94023445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 36-4379554 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHO, SANDY H 2750 NW 3RD AVE. MIAMI FL 33127 Street Address (P.O. Box Number is Not Acceptable) City 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete TITLE ☐ Change Addition Ha, GIYUN Ho 9250 NW 25 St. CHUNG, JEN HAENG NAME NAME STREET ADDRESS 9250 NW 25 ST. STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP MIAMITH 33172 Manager DS TITLE Delete TITLE ☐ Change ★ Addition cho, Young Gloo 9250 NW 156t. HUH, SOO NAME NAME 9250 NW 25 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IP MI ami, FL 3317Z TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Delete TITLE. Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #