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

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT #** (1)H18863 ECO-REFRI CORP. Principal Place of Business Mailing Address 8149 RICHMOND HWY **B149 RICHMOND HWY** ALEXANDRIA VA 22309 **ALEXANDRIA VA 22309** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1984 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 54-1400966 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Country ZiD 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERGER, MICHAEL L. 9300 SOUTH DADELAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 713** 83 **MIAM! FL 33156** 84 City Zip Code 85 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 obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1.1 TITLE DAE HYUN KO NAME 1.2 NAME 11328 CHAPEL ROAD 1.3 STREET ADDRESS STREET ADDRESS **CLIFTON VA** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE **BOK NIM KO** NAME 22 NAME 11328 CHAPEL ROAD 2 3 STREET ADDRESS STREET ADDRESS **CLIFTON VA** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DILETE Change 3.1 TITLE TITLE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP ☐ Addition DLUETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-<u>\$1-ZIP</u> 5 4 CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this liling 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 suppliemental 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:

**FILED**