

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

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**Mar 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30401 (4)

1. Corporation Name
DAE SUNG, INC.



Principal Place of Business
**4355-57 W. WATERS AVE.
TAMPA FL 33614**

Mailing Address
**4355-57 W. WATERS AVE.
TAMPA FL 33614-8118**

3. Date Incorporated or Qualified 11/09/1984	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2462698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**KIM, JAMES K.
4355-57 W. WATERS AVE.
TAMPA FL 33614**

10. Name and Address of New Registered Agent

B1. Name AMIR ALI ABDULMALIK	
B2. Street Address (P.O. Box Number is Not Acceptable) 4355-57 W. WATERS AVE.	
B3.	
B4. City TAMPA	B5. Zip Code FL 33614

11. Pursuant to the provisions of Sections 607.0509 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent's signature required when reinstating) DATE: **3/09/97**

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: KIM, HAESUK	
STREET ADDRESS: 11918 SUGAR TREE DRIVE	
CITY-STATE-ZIP: TAMPA FL	
TITLE: VP	<input checked="" type="checkbox"/> DELETE
NAME: KIM, JAMES K.	
STREET ADDRESS: 11918 SUGAR TREE DRIVE	
CITY-STATE-ZIP: TAMPA FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: AMIR ALI ABDULMALIK	
13. STREET ADDRESS: 4711 W. WATERS AVE # 502	
14. CITY-STATE-ZIP: TAMPA FL 33614	
21. TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: REHMAT B. KASAMALI	
23. STREET ADDRESS:	
24. CITY-STATE-ZIP:	
31. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME:	
33. STREET ADDRESS:	
34. CITY-STATE-ZIP:	
41. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:	
43. STREET ADDRESS:	
44. CITY-STATE-ZIP:	
51. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:	
53. STREET ADDRESS:	
54. CITY-STATE-ZIP:	
61. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:	
63. STREET ADDRESS:	
64. CITY-STATE-ZIP:	

14. I do 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.

SIGNATURE: *[Signature]* DATE: **3/09/97** (813) 887-1229

CR2E034 (9/96)