**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:18

DOCUMENT # **K20716** **(2)**

1. Corporation Name
**FRONTIER WORLD INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5215 BISCAYNE AVE.<br>MIAMI FL 33137 | 5215 BISCAYNE AVE.<br>MIAMI FL 33137 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1988
3a. Date of Last Report: 07/01/1994

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

4. FEI Number: 65-0043882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MAHN H KIM~~ Hyochin Kim
5215 BISCAYNE BOULEVARD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Hyochin Kim
82 Street Address (P.O. Box Number is Not Acceptable): 5215 Biscayne Boulevard
83 Miami, FL 33137
84 City: **FL** 85 Zip Code

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 7-11-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | Pres + Dir ☑ Change ☐ Addition |
| NAME | ~~MAHN H KIM~~ | 12 NAME | Hyo Chin Kim |
| STREET ADDRESS | 5215 BISCAYNE BLVD. | 13 STREET ADDRESS | same address |
| CITY-ST-ZIP | MIAMI FL 33137 | 14 CITY-ST-ZIP | |
| TITLE | VSD | 21 TITLE | Vice Pres ☑ Change ☐ Addition |
| NAME | ~~RICHARD CHOE~~ | 22 NAME | Susie Kim |
| STREET ADDRESS | 5215 BISCAYNE BLVD. | 23 STREET ADDRESS | same address |
| CITY-ST-ZIP | MIAMI LAKES FL 33137 | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CHOL CHUNG | 32 NAME | |
| STREET ADDRESS | 5215 BISCAYNE BLVD. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | Secretary ☑ Change ☐ Addition |
| NAME | | 42 NAME | Hyochin Kim |
| STREET ADDRESS | | 43 STREET ADDRESS | same address |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 7-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Hyo Chin Kim

000706? CP