

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



STATE OF FLORIDA
Department of State
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07109 (5)

J. K. MIAMI CORP.

Principal Place of Business Mailing Address
2700 N.W. 5TH AVE. #13 MIAMI FL 33127
2700 N.W. 5TH AVE. #13 MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/29/1984	02/25/1994
22		27		4. FEI Number	Applied For
23		28		59-2482183	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		7. Trust Fund Contribution	
27		32		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OH, JAE WUNG 2700 N.W. 5TH AVENUE #13 MIAMI FL 33127				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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: _____ (Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent Signature Required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD OH, JAE WUNG 2700 N.W. 5TH AVE. #13 MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY, ST, ZIP		1.3 STREET ADDRESS	
NAME	STD OH, JAY KYUNG 2700 N.W. 5TH AVE. #13 MIAMI FL	1.4 CITY, ST - ZIP	
STREET ADDRESS		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		2.2 NAME	OH, KYONG SOOK
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY, ST - ZIP	
CITY, ST, ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST - ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
NAME		4.4 CITY, ST - ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY, ST - ZIP	
CITY, ST, ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of changed, or even attachment with my initials.

SIGNATURE: Jaewung Oh
DATE: _____ (Name of Registered Agent and Title if Applicable)