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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M62383

1. Corporation Name

C M G TRADING CO., INC.

FILED
Apr 27, 1999 8:00 am
Secretary of State
04.07.1000.00105.002.***150.00

04-27-1999 90125 023

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							A <b>ele</b> ll (7	EIJ BIOLI OLOK IOO	
Principal Flace	e of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ., .,		
777 N.W. 72 AV SUITE 2 BB 7 MIAM! FL 33126		777 N.W. 72 AVE. Suite 2 BB 7 Miami Fl 33126		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 11/12/1987			}	
2 Principal Ol	ace of Business	2a, Mailing Address			4. FEI Number			Applied For	
<b>─</b> 1 '	ace or business	26			65-0012808			No Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sitate		City & State	City & State		6. Electic n Campaign Financing		\$5.00 May Be		
23		28			Trust Fund Contribution		Adde	ed to Fees	
Zip			Country	y	8. This corporation owes the curre	nt year Intag I	igible Yes	JNo	
24	9. Name and Adcress of Current Registered Agent		30		Personal Property Tax.  10. Name and Address of New Re	nister d 1	<del>'</del> -		
	9. Name and Address of Cur	reni Registered Agent	81	Name	10. Name and Address of New A	gistert u A	gent		
CHIL	NG, MIN GOO		1	1101110					
777	N.W. 72 AVE.		82	Street Ad	reet Address (P.O. Bo) Number is Not Acceptable)				
	E 2 BB 7		83	3					
MIAN	AI FL 33126		84	City			85 Zi	ebc 2 qi	
			ļ	1		<u>FL</u>		<u> </u>	
office crre agent. I ar	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate cif Florida. Such change was :	authorized by	/ the corpora	rporation submits this statement for the partition's board of directors. I hereby accept	the aproint	ment as	reg stered	
SIGNATURE	Signature, typed or printed ne ne of registered	agent and title if applicable. (NOT	E: Registered Age	ent signature requ	ired when reinstating)	DATE		—— <u> </u>	
12.		ANE DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TOF:S IN 12	
TITLE	D	☐ DELETE	1,1 TITLE				☐ Chanç	ge Addition	
NAME	CHUNG, MIN GOO		1.2 NAME					l	
STREET ADDRE IS	6975 SW 107 ST		1.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				☐ Chang	ge 🗌 Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS				į	
CITY-ST-ZIP			2 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE	- "			Chang	ge Addition	
NAME			3.2 NAME					İ	
STREET ADDRESS			3.3 STREE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🗌 Addition	
NAME			4, 2 NAME					j.	
STREET ADDRESS			4 3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	1			Chang	ge 🗌 Addition	
NAME			5.2 NAME					}	
STREET ADDRESS			53 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	Ţ			Chang	ge	
NAME			62 NAME					Į	
STREET ADDRES 3			6.3 STREE	ET ADDRESS					
CITY-ST-ZIP			64 CITY-	ST-ZIP					

14. 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 annual report or supplemental a nual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation or the receiver of 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, with all other like empowered.

E AND TYPED OF PINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: X