1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am § Secretary of State

05-04-1999 90148 019 ****61.25

DOCU	MEN1	Γ# N	108	444

1. Corporation Name

	COSPEI	CHIBCH	ΩE	ODI ANDO	INCORPORATED
CINI	GUSEEL	·CHURCE	UF.	UNI ANDU	INCURPURATEL

Principal Place of Business 7850 BATES ROAD

ODIANDO EL 32907

Mailing Address

7850 BATES ROAD ORIANDO EL 32907

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· ·						
2. Principal Place of Business	2a. Mailing Address		3. Date incorporated or Qualifed 03/29/1985			
21 Suite, Apt. #, etc. 22	26 Suite, Apt. #, etc.		4. FEI Number. 59-2515336	- Applied For Not Applicable		
City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Curr			10. Name and Address of New Registere	d Agent		
		81 Name		· ·		
BYUN, MOSES HYUK 2817 GLYN STREET		82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32807		83				
		84 City		L 85 Zip Code		
 Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stal agent. I am familiar with, and accept the oblig 	te of Florida. Such change was aut	thorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered ointment as registered		
SIGNATURE	<u> </u>		<u> </u>	<u></u>		
Signature, typed or printed name of registered a	g	Registered Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition		
TITLE PD .		1.1 TITLE		Citaligo Circulati		
1 '			,			
(THE PROPERTY OF THE PARTY OF TH		ET ADDRESS .			
CITY-ST-ZIP ORLANDO FL 32807	DELETE	1.4 CITY-ST-ZIP		Change Addition		
TITLE SD	<u> ₹</u> DELETE	2.1 TITLE <- (2)	5D = 5016 411	- Clouds Cluster		
NAME SUH, SANG W		2.2 NAME	EE, JUNG MIN ABL	νn. ·		
STREET ADDRESS 3804 GATLIN RIDGE DR.	•	2.3 STREET ADDRESS	EE, JONG MIN 0545 SUN VILLABL BLANDO, FL 3-817			
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	KLATNUU I I 3-01 T	. Change Addition		
TTD .	C) DELETE	3.1 TITLE [2]	TID AND AND MOON S			
NAME LEE, JONG MIN		3.2 NAME	AUFFMANN, MOON S 910 EMERALD GREE	EN CIR.		
STREET ADDRESS 10545 SUN VILLA BLVD		3.3 STREET ADDRESS /	410 EMERALD GRE			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 617, 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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ORLANDO FL 32817

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