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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90117 010 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002259**

1. Corporation Name

**KOREA-AMERICAS SOCIETY OF SOUTH FLORIDA, INC.**

Principal Place of Business

12700 SW 69TH AVE  
~~200 S. BISCAYNE BLVD. 11ST FLOOR~~  
MIAMI FL 33156  
US

Mailing Address

12700 SW 69TH AVE  
~~200 S. BISCAYNE BLVD. 11ST FLOOR~~  
MIAMI FL 33156  
US



2. Principal Place of Business

21 12700 SW 69TH AVE

Suite, Apt. #, etc.

22  
City & State  
23 MIAMI FL

24 Zip 33156 25 Country USA

2a. Mailing Address

26 12700 SW 69TH AVE

Suite, Apt. #, etc.

27  
City & State  
28 MIAMI FL

29 Zip 33156 30 Country USA

3. Date Incorporated or Qualified

05/08/1995

4. FEI Number

65-0594343

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

9. Name and Address of Current Registered Agent

BRENNER, FREDERICK C  
12700 SW 69TH AVE  
SUITE 1074  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name BRENNER, FREDERICK C  
82 Street Address (P.O. Box Number is Not Acceptable)  
12700 SW 69TH AVE  
83  
84 City PINECREST FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRENNER, FREDERICK C	
STREET ADDRESS	12700 S W 69 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	WHANG, SANG Y	
STREET ADDRESS	8445 S.W. 148TH DR.	
CITY-STATE-ZIP	MIAMI FL 33158	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MERK, J. LAMAR	
STREET ADDRESS	5600 N.W. 36TH ST.	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, MIMI HONG	
STREET ADDRESS	2373 DATE PALM RD	
CITY-STATE-ZIP	BOCA ROAD FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKSON, LEE C	
STREET ADDRESS	3000 N.E. 145TH ST.	
CITY-STATE-ZIP	NORTH MIAMI FL 33181-3600	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIM, TODD	
STREET ADDRESS	1616 W. 28TH ST.	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D KIM, TODD
6.3 STREET ADDRESS	333 41ST ST
6.4 CITY-STATE-ZIP	MIAMI BEACH, FL 33140

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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 1999 (305) 232-2004  
Date Daytime Phone #

CR2E037 (1/98)