

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06046** (7)

1. Corporation Name

BRENTWOOD CLOTHES, INC.

Principal Place of Business

**6157 N.W. 167 ST.
SUITE F-1
MIAMI FL 33015**

Mailing Address

**6157 N.W. 167 ST.
SUITE F-1
MIAMI FL 33015**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/15/1985

3a. Date of Last Report

02/07/1995

4. FEI Number

95-3669879

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

**PENINSULA REGISTERED AGENTS, INC.
200 S.E. 1 STREET (PH)
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person filing this statement (if not a corporation)

Signature of Registered Agent (signature required when agent is not a corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
**PSD
SHIN, SANG KIL**
STREET ADDRESS
6157 N.W. 167 ST. #F-1
CITY-STATE-ZIP
MIAMI FL

☐ DELETE

2. TITLE

NAME
**S
SONG, JI HAENG**
STREET ADDRESS
6157 N.W. 167 ST. #F-1
CITY-STATE-ZIP
MIAMI FL

☐ DELETE

3. TITLE

NAME
**T
KIM, YOUN SIK**
STREET ADDRESS
6157 N.W. 167 ST. #F-1
CITY-STATE-ZIP
MIAMI FL

☐ DELETE

4. TITLE

NAME
**D
KIM, H.K.**
STREET ADDRESS
6157 N.W. 167 ST. #F-1
CITY-STATE-ZIP
MIAMI FL

☐ DELETE

5. TITLE

NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-STATE-ZIP
CITY-STATE-ZIP

☐ DELETE

6. TITLE

NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-STATE-ZIP
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

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)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 1/24/96 347) 446-9933

CR2E034 (12/95)