SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000003791 (9)**

1. Corporation Name
HANARO USA, INC.

Principal Place of Business	Mailing Address
720-7 COCO PLUM CIRCLE PLANTATION FL 33324	720-7 COCO PLUM CIRCLE PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0381690 ☐ 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6145 N.W. 7th AVE	26 6145 N.W. 7th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33127 County 25 DADE	Zip 29 33127 County 30 Dade

9. Name and Address of Current Registered Agent

CHO, SANDY H
2750 N.W. 3RD AVENUE
SUITE 9
MIAMI FL 33127

10. Name and Address of New Registered Agent

31 Name: Bum S. Lee
32 Street Address (P.O. Box Number is Not Acceptable):
33 6145 N.W. 7 Ave.
34 City: Miami FL 35 Zip Code: 33127

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: [signature] 8/2/'95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEE, BUM S	12 NAME	
STREET ADDRESS	720-7 COCO PLUM CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LEE, MYUNG S	22 NAME	
STREET ADDRESS	720-7 COCO PLUM CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Bum S. Lee 8/2/'95 305)258-7344
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone Number)
president

0147073 FP