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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000036531	(0)
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HYE & CHANG, INC.

Principal Place of Business							
5858 NORTH KENDALL DR MIAMI FL 33156	IVE						

Mailing Address

5858 NORTH KENDALL DRIVE



MIAMI FL 33156 US		MIAMI FL 33156 US	MIAMI FL 33156		3. Date Incorporated or Qualified 05/20/1993	3a, Date o	of Last /09/1	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		L	Applied For
1 5856	" N. KENDALL OK.	26 5858 N KG	in but	Mr.	65-0410607	v	[Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		· -	5 Additional Required
City & State	INI FL	City & State 28 M(Ah) (-L	1. 6181		Election Campaign Financing Trust Fund Contribution		,	00 May Be led to Fees
Zip 331	Country 25	Zip	Country 30	,	8. This corporation has liability for in Florida Statutes Yes	∑ No		s 199.032,
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	gent	
			81	Name				
SUH, HY	E SOON		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	SHINGTON AVE			ļ		-,		,,
MIAMI BI	EACH FL		83					
			84	City		FL	85	Zip Code
familiar with	n, and accept the obligations of, Section Signature, types or posited name of a greener agent as	n 607.0505, Florida Statutes.	Fiegistered Age		aid of directors. Thereby accept the appoint of directors along	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		1 Chanc	
TITLE	DP	Detete	1. 1 TITLE 1 2 NAME			L	1 0.00.18	
NAME	SUH, HYE SOON		1	LADDRESS				
STREET ADDRESS CITY-ST-ZIP	1701 WASHINGTON AVE MIAMI BEACH FL 33139		1.4 C-TY-:					
TITLE	DST	[] DELETE	2 1 TITLE				Chang	e 🔲 Addition
NAME	SUH, CHANG I		2 2 NAME	ĺ				
STREET ADDRESS	1701 WASHINGTON AVE		2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139	, , , ,	2.4 CITY	\$1-2)P		<u></u>		
TITLE		□ DELETE	3. 1 TITLE			Ĺ] Chang	je 🔲 Addition
NAME			3 2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-S1-ZIP		□ DELETE	34 CITY-				1 Chanc	ne 🗍 Addition
TITLE		Doctor	4.2 NAME			L		
NAME STREET ADDRESS				I ADORESS				
CITY-ST-ZIP			4.4 CiTy -					
TITLE		DELETE	5 1 TILLE	·		Ĺ	C har	ge 🔲 Addition
NAME	•		5.2 NAME	.				
STREET ADDRESS			53 STRES	ET ADDRESS				
CITY-ST-ZIP			54 CITY-	ST-ZIP			<u>.</u>	
TITLE		DELETE	6 1 THILE	÷ [] Chan	ge 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS				FT ADDRESS				
CITY-ST-7IP			6.4 CHY-	- \$1 - ZIP				

6.4 CITY-S1-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Displace Prior is

Displace Prior in the receiver of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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.

SUM ATTENDATE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR