

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90009 001 \*\*\*550.00

08-02-1999 90009 002 \*\*\*\*\*8.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P93000069941**

1. Corporation Name

**INKO HEADWEAR, INC.**

Principal Place of Business

12350 SW 132ND CT.  
SUITE 210  
MIAMI FL 33186-4522

Mailing Address

12350 SW 132ND CT.  
SUITE 210  
MIAMI FL 33186-4522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/04/1993**

4. FEI Number

**65-0455010**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt., #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt., #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**BERG, CHARLES L**  
**555 NE 15 ST**  
**SUITE 33D**  
**MIAMI FL 33132**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **PARK, SUNG-BAE**  
STREET ADDRESS **8961 SW 112TH PL**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **KOH, HO SUNG**  
STREET ADDRESS **JL. RAWA-GATEL-BLOK 111, RN**  
CITY-STATE-ZIP **JAKARTA TIMUR, INDONESIA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **PARK, SEONG KI**  
1.3 STREET ADDRESS **300 WEST GLENDALE BLVD., STE 204**  
1.4 CITY-STATE-ZIP **GLENDALE, CA 91202**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**PARK, SUNG-BAE (PRESIDENT)**

**JULY 20, 1999**

**(818) 545-7002**  
**(305) 234-9644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)