AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** CORPORATION

ANNUAL REPORT

1999

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000069941

INKO HEADWEAR, INC.

Principal Place of Business	Mailing A
12350 SW 132ND CT.	12350 SV
SUITE 210	SUITE 21
MIAMI FL 33186-4522	MIAMI FL

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

08-02-1999 90009 001 \*\*\*550.00 08-02-1999 90009 002 \*\*\*\*\*8.75



Principal Place	e of Business	Mailing.	Address									
12350 SW 132	IND CT.	12350 9	SW 132ND CT.									
SUITE 210		SUITE 2	-			DO NOT WOLL	E IN TUIC C	DACE				
MIAMI FL 3318	36-4522	MIAMI I	MIAMI FL 33186-4522				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
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						10/04/199	3			T		┨
2. Principal Pi	lace of Business	2a. Maili	2a. Mailing Address			4. FEI Number			-	+	ed For	4
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Suite, Apt.	#, etc.	Sūitē 27	Apt. #, etc.			5. Certificate of S	Status Desired	X		<b>5</b> Add e Requ		
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24	9. Name and Address	11	Agent	[30]		10. Name and Ad		egistered A		<del></del>		1
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REF	RG, CHARLES L			[								_
	NE 15 ST	٠		82	Street /	Address (P.O. Box Numbe	er is Not Acceptat	ole)				
	TE 33D			-	ļ							┪
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MIA	MI FL 33132			84	City				85	Zip Coo	ie	1
								<u> </u>				
11. Pursuant	to the provisions of section	s 607.0502 and 607.150	08, Florida Statute	es, the above	-named o	orporation submits this sta	tement for the pur	pose of char	nging i	ts regis	tered	
	registered agent, or both, ir am familiar with, and accep	n the State of Florida. Si	uch change was a	authorized by	the corpo	oration's board of directors	s. i nereby accept	пе арропп	IIIBIN 8	is regis	.ereu	
office or i			tion 607.0505. Flo	orida Statute:	S.							
agent. I a	sin taninai witii, and accep	tine obligations of, see	tion 607.0505, Flo	orida Statute:	S.							
agent. I a	Signature, typed or printed name of i		tion 607.0505, Fit	onda Statute		re required when reinstating)		DATE				6
agent. I a	Signature, typed or printed name of		able. (No	onda Statute		ADDITIONS/CH	IANGES TO OFF		DIRE			(00)
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agent, I a	Signature, typed or printed name of o	egistered agent and title if applic	able. (No	OTE: Registered /		ADDITIONS/CH	T V I	ICERS AND	Char	nge 🙎	Addition	
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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, SUNGBAE (PRESIDENT) JULY 20