FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE V

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053050 (8)

KIMIS NO MIAMI AVE SERVICE STATION INC

FILED Mar 16 1998 8:00am Secretary of State

MIN O 140: MINIMI NAC:	SERVICE STATION INC.			
Principal Place of Business	Mailing Address		1 18811981 118 78111 91811 88111 88111	anii 68161 61163 11111 63161 61111 6611 1891
18200 N.W. 7TH RVE. 2290 NW 180 ST MIAMI FL 80189	-739 NW 183 ST 		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7055 N.M	1/AHI AY ESO 1055 N.	MIAHI AVE	♣ 65-0505215 \\	Not Applicable
Suite, Apt. #, etc.	Stille, Apt. #, etc. 37 MAHI H 3	450-4035	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	40) City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Countr 24 . 25	29 30	Country	This corporation owes or has pa Personal Property Tax due June	e 30. 💢 Yes 🗌 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				egistered Agent
KIM, YONG H 18200 N.W. 7TH AVENUE		81 Name 82 Street Addre	SS (P.O. Box Number is Not Acceptal	bie) AUE
MIAMI FL 33160		83	1/AMI FI 33/50	A
		84 City		FL 85 Zip Code
office or registered agent, or both	tions 607.0502 and 607.1508, Florida Statutes, t n, in the State of Florida. Such change was auth cept the obligations of, Section 607.0505, Florida	orized by the corporation		
SIGNATURE	ALONG De-	istered Agent signature require	when the street or	DATE
Signature, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent and Agent			ADDITIONS/CHANGES TO OFFI	

CIM YONG HO POUT N HIAMI AND DELETE 1.1 TITLE Change Addition TITLE KIM. YONG HO 1.2 NAME NAME 48200 N W 7TH AVE ---1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE KIM, KUNCHA 2.2 NAME NAME STREET ADDRESS 48200 N W-7TH AVE 2.3 STREET ADDRESS 33650- 4035-MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 organ attachment with an address.