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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90108 026 ***150.00

DOCUMENT # P94000053050

1. Corporation Name

KIM'S NO. MIAMI AVE. SERVICE STATION INC.

Principal Place of Business	Mailing Address
7055 N. MIAMI AVENUE MIAMI FL 33150-4035 US	7055 N. MIAMI AVENUE MIAMI FL 33150-4035 US c/o 17001 NW 27Ave OPA-LOCKA FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/14/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**65-0505215**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State	City & State	
23	28	6. Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIM, YONG HO 7055 N. MIAMI AVENUE MIAMI FL 33150	81 Name KIM YONG HO 82 Street Address (P.O. Box Number is Not Acceptable) 17001 NW 27Ave 83 84 City OPA LOCKA FL 85 Zip Code 33015

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME KIM, YONG HO		1.2 NAME	
STREET ADDRESS 7055 N. MIAMI AVENUE		1.3 STREET ADDRESS 17001 N.W 27Ave	
CITY-ST-ZIP MIAMI FL 33150		1.4 CITY-ST-ZIP OPA LOCKA FL 33015	
TITLE VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME KIM, KUNCHA		2.2 NAME	
STREET ADDRESS 7055 N. MIAMI AVENUE		2.3 STREET ADDRESS 17001 N.W 27Ave	
CITY-ST-ZIP MIAMI FL 33150		2.4 CITY-ST-ZIP OPA LOCKA FL 33015	
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	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 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, with all other like empowered.

SIGNATURE: _____ 05/10/99 (305) 65___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)