FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055711 (3)

1. Corporation Name
AMKOR INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
9943 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	9943 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12225 PEMBROKE Rd
22: Suite, Apt. #, etc.
23: PEMBROKE PINES FL
24: Zip 33025
25: Country BROWARD

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0505874 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORSAH, N.A.B.
9943 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

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 _____ DATE
(Signature, Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: N.A.B KORSAH 9943 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: PRESIDENT 9943 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: KENNETH KORSAH 1740 W. 27TH ST, #331 HOUSTON TX 77008	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: VICE PRESIDENT 1740 W 27TH ST #331 HOUSTON TX 77008 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: REMITTED BY MAIL 5/1/95 MS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP: A DEPOSITED BY CHK ☐ Change ☐ Addition

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)(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: _____ 3/21/95 $ 150 431-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114330 CP