

**CORPORATION
ANNUAL REPORT**

1994 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD

DD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **Dec. 1, 1994** 3a. Date of Last Report **initial**

4. FEI Number **65-0539477** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired **\$8.75** 6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

1. Corporation Name **Nu Line of Miami Corporation** DOCUMENT # **P94000087337**
Mailing Address **105 N.E. 1st Avenue Miami, FL 33132** Principal Place of Business **105 NE 1 Av. Miami, FL 33132**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address **105 NE 1 Ave.** 2a. Principal Place of Business **105 NE 1 Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **Miami, FL** City & State
Zip **33132** Country **Dade** Zip Country

9. Name and Address of Current Registered Agent **Sandy H. Cho
2750 NW 3rd ave. #9
Miami, FL 33127**

10. Name and Address of New Registered Agent
81 Name **Young Wook Lee**
82 Street Address (P.O. Box Number is Not Acceptable) **3245 Virginia St. #30**
83
84 City **Miami** FL 85 Zip Code **33132-5250**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *Young Wook Lee* **Young Wook Lee** DATE **2/16/95**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
11 TITLE **P/S**
12 NAME **Young Wook Lee**
13 STREET ADDRESS **12655 NE 16 Ave. #14**
14 CITY ST ZIP **N. Miami, FL 33161**
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **P/S/T**
12 NAME **Young Wook Lee**
13 STREET ADDRESS **3245 Virginia St. #30**
14 CITY ST ZIP **Miami, FL 33132-5250**
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
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42 NAME
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44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP **T/S, 5/3/95**

**700001475247
-05/04/95--01021--016
****200.00 ****200.00**

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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Young Wook Lee* **Young Wook Lee, Pres. (305)377-1125, 2/16/95**

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Typed Name)