FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

P95000018940 (3) DOCUMENT # 1, Corporation Name

AMKOR, INC.

	,						
Principal Place of Business Mailing Address					- 4 IRELIANDI 190 ININ'I MIDIN'I MANIN'I MANIN'I	ADIAN MUNICI ISBUDI 181	#10 (014) 01011 001F 100F
1419 W. WATI TAMPA FL 33	ers ave Suite 119 604	1419 W. WATERS AVE TAMPA FL 33604	SUITE 119				
					3. Date Incorporated or Qualified 03/08/1995	3a. Date of t	East Report
	ace of Business 19 BAY TO BAY BU		TO BA	y BLAD	4. FEI Number 65 - 05 64 7		Applied For Not Applicable
22	я, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u>[]</u> \$	8.75 Additional Fee Required
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		
23 TAM	PA, FLA. 3362	1 28 TAMPA	FiA.		Trust Fund Contribution		\$5.00 May Be Added to Fees
7 ₁₀	Country	Zip	Country		8. This corporation has liability for	intangible tax ur	
د 6 دی 24	25	29 23629	30	····		□] No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	legistered Age	nt
444500.41	Harrier Control		81	Name DE	NNIS M. FU	ENTE	S
AMERILA'			82	82 Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVE. CORAL GABLES FL 33134					22 N. TLATO	HER_	AUE
CORAL	MABLES FL 33134		83				
			84	City		8	5 Zip Code
44 5	41	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7 19-1	mpre	FL	J36/4
or registere	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori	ida. Such chagog was authorize	es, the above n ed by the corp	iamed corporat pration's board	ion submits this statement for the pu of directors. Thereby accept the app	pose of changir cintrocol as regi	ng its registered office istered abent. Lam
familiar wit	h, and accept the obligations of, Sec	ın 607.0505, Florida Statutes				- A	stored agent. Fam.
SIGNATURE _	W. M. June	l Pennis I		15NJ 63		96	
· · · · · · · · · · · · · · · · · · ·		Eard trie if applicable (NO)		Sognature recurred w	when remodelings	DATE	2F 67 05 0 1 1 1 6
12.	P	DELETE	13.	VF	ADDITIONS/CHANGES TO OFF		hange X Addition
NAME	FUENTES, DENNIS M	_ Dett 'c					Harrys Addition
	1419 W. WATERS AVE., SUIT	F 110	1.2 NAME	F 0	ENTES, HAE YOU	0 A.14	
STREET ADDRESS	TAMPA FL 33604	L 113	1.3 STREET		21 NOTHATCHE	2 111	
CITY+ST-ZIP TITLE	174111 74 1 2 00004	DELETE	14 CHY-S	I · ZIP	AMPA, FLA 3.	3614	bases D Addition
NAME		D preeze	2 1 Bills	P .	- Termina	X Ct	hange 🔲 Addition
			2.2 NAME		ENTES, DENNI	- M.	145
STREET ADDRESS			23 STREET	TO	21 W. THATCH	23/11	
CITY - ST - ZIP TITLE		DELETE	2 4 CHY-S	· ZIP	mpn, Pun.	3361	hange Addition
NAME		Dorcine					vanda 🔲 waamin
STREET ADDRESS			3.2 NAME	LEDOSES			
			3.3 STREET	1			
CITY-ST-ZIF TITLE		DELFTE	3.4 C·TY - S: 4. 1 T:TLE				hange
NAME		Floren	4.1 INLE				rouge [] woulded
STREET ADDRESS			4.3 STREET	Annores			
CITY - ST - ZIP			4.4 CITY - SI	Į.			
THILE		DELETE	4.5 UITY-SI 5 1 TITLE	1-216			hange
NAME		<u> </u>	5 2 NAMÉ		30000179	5 i 6 i 6 i 7 i 7 5 5 5	
STHEET ADDRESS			5 3 STREET	ADDRESS	-04/04/96010	W2013	
CITY-ST-ZIP			5.4 Cily-Si		***200.00		
11"LE		DELETE	6 1 TITLE			[] 0	nange Addition
NAME			6.2 NAME			L	32
STHEET ADDRESS			6 3 STREET	ADDRESS			4.5
C-TY-ST-Z)P			6 4 CITY - ST				-1/
14. I do hereby	certify that the information supplied	with this fring is voluntarily furni	shed and does	not qualify for	the exemption stated in Section 119.	07(3)(k), Florida	Statutes, I further
certify that	the information indicated on this annual am an officer or director of the corpo	ual report or supplemental annu	ual report is tru	e and accurate	and that my signature shall have the	sante legal effec	ot as if made under — I
appears in	Block 12 or Block 13 if changed, or	on an attachment with an addre	988.	o oncode ira i	separt to rough on by Orientor Our, 11	znac otatures, d	and their my rienne
010014-	UDE OLIVA	A D	·	E	STEN 1.10 01	Q12 G	725 13
SIGNAT		R PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	· TUG	ME> 1-15-96	5/5-7 Daytine	From 1