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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018940 (3)

1. Corporation Name
AMKOR, INC.



Principal Place of Business

Mailing Address

1419 W. WATERS AVE., SUITE 119
TAMPA FL 33604

1419 W. WATERS AVE., SUITE 119
TAMPA FL 33604

2. Principal Place of Business

2a. Mailing Address

21 3409 BAY TO BAY BLVD

26 3409 BAY TO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FLA. 33629

24 Zip 33629 25 Country

27 City & State

28 TAMPA, FLA.

29 Zip 33629 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name DENNIS M. FUENTES

82 Street Address (P.O. Box Number is Not Acceptable)
6922 N. THATCHER AVE

83

84 City TAMPA

FL 85 Zip Code 33614

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

D.M. Fuentes Dennis M. FUENTES

1-15-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recording.)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE P

1.2 NAME FUENTES, DENNIS M
1.3 STREET ADDRESS 1419 W. WATERS AVE., SUITE 119
1.4 CITY-ST-ZIP TAMPA FL 33604

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP

1.2 NAME FUENTES, HAE YOUNG
1.3 STREET ADDRESS 6922 N. THATCHER AVE
1.4 CITY-ST-ZIP TAMPA, FLA 33614

2.1 TITLE P

2.2 NAME FUENTES, DENNIS M.
2.3 STREET ADDRESS 6922 N. THATCHER AVE
2.4 CITY-ST-ZIP TAMPA, FLA. 33614

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 300001768683
5.3 STREET ADDRESS -04/04/96--01002--013
5.4 CITY-ST-ZIP ***200.00

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: D.M. Fuentes Dennis M. FUENTES 1-15-96 813-935-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)