

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

DOCUMENT # P95000026180 (6)

1. Corporation Name

K. H. INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

10477 NW 7TH STREET, #104  
PEMBROKE PINES FL 33026

10477 NW 7TH STREET, #104  
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARK, SUNG CHAN  
10477 NW 7TH STREET, #104  
PEMBROKE PINES FL 33026

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 607.0506, 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

D

☐ DELETE

1 1 TITLE

☐ Change

☐ Addition

NAME

PARK, SUNG CHAN

12 NAME

STREET ADDRESS

10477 NW 7TH STREET, #104

13 STREET ADDRESS

CITY - ST - ZIP

PEMBROKE PINES FL 33026

14 CITY - ST - ZIP

TITLE

☐ DELETE

2 1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

3 1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

4 1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

5 1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6 1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/96 954-438-8223

CR2E034 (12/95)