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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000034095 (6)

**1. Corporation Name
YOUNG SAENG FREIGHT OF MIAMI, INC.**



Principal Place of Business
6995 N.W. 50TH ST.
MIAMI FL 33166

Mailing Address
6995 N.W. 50TH ST.
MIAMI FL 33166-5633

3. Date Incorporated or Qualified 04/26/1995
3a. Date of Last Report 07/09/1996

2. Principal Place of Business
21 7001 N.W. 50th st.
22 Suite Apt. # etc.

2a. Mailing Address
26 7001 NW. 50th st.
27 Suite, Apt. #, etc.

4. FEI Number 65-0580373
Applied For / Not Applicable

23 MIAMI FL-
24 33166. 25 FL.

28 MIAMI FL.
29 33166. 30 FL.

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
ILL JIN, JEONG
6995 N.W. 50TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name ILL JIN JEONG.
82 Street Address (P.O. Box Number is Not Acceptable) 7001 NW. 50th st.
83
84 City MIAMI FL. 85 Zip Code FL 33166.

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, JOSE L	
STREET ADDRESS	9394 NW 102 ST.	
CITY - ST - ZIP	MEDLEY FL 33178	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JEONG, JIN I	
STREET ADDRESS	6995 N.W. 50TH ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHOI, SOON E	
STREET ADDRESS	AV 27 DE FEBRERO #39	
CITY - ST - ZIP	CENTRO COMERCIAL 2000, #312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MANAGER.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAZQUEZ, JOSE L.	
1.3 STREET ADDRESS	AV. 27 DE FEB. #39, SUITE 312.	
1.4 CITY - ST - ZIP	SANTO DOMINGO, DOMINICAN REPUBLIC.	
2.1 TITLE	JOENG, JIN ILL. (PRESIDENT).	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7001 NW. 50th st. MIAMI FL-33166.	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	CHOI, SOON E. (VICE-PRESIDENT)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AV. 27 DE FEB. #39, SUITE 312.	
3.3 STREET ADDRESS	SANTO DOMINGO, DOMINICAN REPUBLIC.	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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: ILL JIN JEONG, (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-26-97. (305) 718-9389
Date Daytime Phone

CR2E034 (9/96)