## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** Parnonganas (A)

## **FILED** Mar 30 1998 8:00am Secretary of State

| YOUNG SAENG FREIGHT OF MIAMI, INC.          |  |                             |   |  |                      |                    |                                |          |   |                            |             |                                |               |                        |  |
|---|--|-----------------------------|---|--|----------------------|--------------------|--------------------------------|----------|---|----------------------------|-------------|--------------------------------|---------------|------------------------|--|
|   |  |                             |   |  |                      |                    |                                |          |   |                            |             | II <b>Be</b> hii <b>Behi</b> i |               |                        |  |
| Principal Physics of President              |  |                             |   |  |                      |                    |                                |          |   |                            |             |                                |               |                        |  |
| Principal Place of Business Mailing Address |  |                             |   |  |                      |                    |                                |          |   |                            |             |                                |               |                        |  |
| 7001 N.W. 50TH ST                           |  |                             |   |  |                      |                    |                                |          | }   |                            |             |                                |               |                        |  |
| U\$   |  |                             |   |  |                      |                    |                                |          |   | DO NOT WRITE IN THIS SPACE |             |                                |               |                        |  |
|   |  |                             |   |  |                      |                    |                                |          | 3. Date In  | corporated                 | or Qualifie | ∍d                             |               |                        |  |
|   |  |                             |   |  |                      |                    |                                |          | 04/2  | 6/1995                     |             |                                |               |                        |  |
| <b>—</b>                                    | Place of Business  |                             | 2a. Mailing Address                     |  |                      |                    |                                |          | 4. FEI Nu   |                            |             |                                |               | Applied For            |  |
| 21  |  |                             | 26 7001 NW 50th ST. Suite, Apt. #, etc. |  |                      |                    |                                |          | 65-   | <u>0580373</u>             | 3           |                                |               | Not Applicable         |  |
| Sulte, Apt. #, etc.                         |  |                             |   | 27 Suile, Apt. #, etc.   |                      |                    |                                |          | 5. Certific   | ate of Stati               | us Desired  |                                |               | Additional<br>Required |  |
| City & State                                |  |                             |   | City & State   |                      |                    |                                |          | 6 Flection  | Compoia                    | n Financing |                                |               | <del></del>            |  |
| 23  |  |                             | 28 MIAMI, FL                            |  |                      |                    |                                |          | l   | und Contril                |             | , D                            |               | May Be<br>to Fees      |  |
| Zip   | Country  |                             | Zip                                     |  |                      | Country            |                                |          | This corporation owes or has paid the current year Intangible |                            |             |                                |               |                        |  |
| 24  | 25   |                             | 29                                      | 33166  | 30                   |                    |                                |          |   |                            | Tax due Ju  |                                | _ `           | □No                    |  |
|   |  | Address of Current          | Regisi                                  | ered Agent   |                      |                    |                                |          | 10. Name  | and Addre                  | ss of New   | Registere                      | d Agent       |                        |  |
| ILL JIN, JEONG 81 Name                      |  |                             |   |  |                      |                    |                                |          |   |                            |             |                                |               |                        |  |
| 7001 N.W. 50TH ST                           |  |                             |   |  |                      |                    |                                | Addre    | ss (P.O. Box  | Number is                  | Not Accer   | otable)                        | <del></del>   |                        |  |
| MIAMI FL 33166                              |  |                             |   |  |                      |                    |                                |          |   |                            |             | <u> </u>                       |               |                        |  |
|   |  |                             | 63                                      |  |                      |                    |                                |          |   |                            |             |                                |               |                        |  |
|   |  |                             |   |  |                      | 84                 | City                           |          |   |                            |             | FI                             | <b>85</b> Zig | Code                   |  |
| 11. Pursuant                                | to the provisions of   | f Sections 607 0502         | and 60                                  | 7 1508 Florida Steti   | ites the             | ahove              | -named                         | corpo    | ration submi  | te this state              | ment for th | FI PURPOSE                     | of changing   | its registered         |  |
| office or o                                 | registered agent, o  | or both, in the State of    | f Florid                                | 07.1508, Florida Statu<br>la. Such change was<br>, Section 607.0505, F | authoria             | zed by             | the cor                        | poratio  | n's board of  | directors.                 | hereby ac   | cept the ap                    | pointment a   | s registered           |  |
|   | auri iodenimo ar witeri, pare  | S agrept the congat         |   | , 36G)011 607.0303, F  | IUIUA S              | Latutes            | JIN                            | TK       | 006   |                            | Max         | -د-                            | 19:           | 94                     |  |
| SIGNATURE                                   | Signature, typed or print  | ed name of registered agent | and title i                             | (applicable. (NC   |                      |                    | int signature                  | required | when reinstating  | )                          | 1741        | DATE                           |               |                        |  |
| 12.   | -  | OFFICERS AND                | DIREC                                   |  | 13                   | 3.                 |                                |          | ADDITIC   | NS/CHAN                    | GES TO OF   | FICERS AN                      | ID DIRECTO    | RS IN 12               |  |
| TITLE                                       | M  |                             |   | ☐ DELETE   | 1.1                  | 1.1 TITLE          |                                | i        |   |                            |             |                                | ☐ Change      | Addition               |  |
| NAME  | CAZQUEZ, J   |                             | 040                                     |  |                      | 1.2 NAME           |                                | 1        |   |                            |             |                                |               |                        |  |
| STREET ADDRESS                              |  | EB, #39., SUITE 3           | : 312                                   |  |                      | 1.3 STREET ADDRESS |                                |          |   |                            |             |                                |               | Į.                     |  |
| CITY-ST-ZIP<br>TITLE                        | SANTO DOMINGO DR   |                             |   | DELETE   |                      |                    | 1.4 CITY-ST-ZIP<br>2.1 TITLE   |          |   |                            |             |                                | I I Ohana     |                        |  |
| NAME  | JOENG, JIN   | 11.1                        |   | □ DELETE   |                      |                    |                                |          |   |                            |             |                                | Change        | Addition               |  |
| STREET ADDRESS                              | 9004 NINI SATU AT  |                             |   |  |                      |                    | 2.2 NAME<br>2.3 STREET ADDRESS |          |   |                            |             |                                |               |                        |  |
|   | MIAMI FL   |                             |   |  | ■ f                  |                    |                                |          |   |                            |             |                                | i             |                        |  |
| CITY-ST-ZIP<br>TITLE                        | VP   |                             |   | DELETE   |                      |                    | 2. 4 CITY-ST-ZIP<br>3.1 TITLE  |          |   |                            |             | 1.5                            | Change        | Addition               |  |
| NAME  | CHOI, SOON   | I E                         |   |  |                      | 3.2 NAME           |                                |          |   |                            |             |                                |               |                        |  |
| STREET ADDRESS                              | ALL AND DESCRIPTION AND ALL PROPERTY AND |                             |   |  |                      | 3.3 STREET ADDRESS |                                |          |   |                            |             |                                |               | ]                      |  |
| CITY-ST-ZIP SANTO DOMINGO DR                |  |                             |   |  | 3.4. CITY - ST - ZIP |                    |                                |          |   |                            |             |                                |               |                        |  |
| TITLE                                       | -  |                             |   | ☐ DELETE   |                      | TITLE              |                                |          |   | ,                          |             |                                | Change        | Addition               |  |
| NAME  |  |                             |   |  | 4.2                  | 2 NAME             |                                |          |   |                            |             |                                |               |                        |  |
| STREET ADDRESS                              | TREET ADDRESS  |                             |   |  | 4.3                  | 4.3 STREET ADDRESS |                                |          |   |                            |             |                                |               |                        |  |
| CITY-ST-ZIP                                 |  |                             |   |  | 4.4                  | CITY-S             | T-ZIP                          |          |   |                            |             |                                |               |                        |  |
| TITLE                                       |  |                             |   | DELETE   | 5.1                  | TITLE              |                                |          |   |                            |             |                                | Change        | Addition               |  |
| NAME  |  |                             |   |  | 5.2                  | NAME               |                                |          |   |                            |             |                                |               |                        |  |
| STREET ADDRESS                              |  |                             |   | 5.3 STREE  |                      |                    | ADDRESS                        |          |   |                            |             |                                |               |                        |  |
| CITY-ST-ZIP                                 |  |                             |   |  |                      | CITY-S1            | T-ZIP                          |          |   |                            |             |                                | <del></del>   |                        |  |
| TITLE                                       |  |                             |   | DELET <b>E</b>   |                      | TITLE              |                                |          |   |                            |             |                                | ☐ Change      | Addition               |  |
| NAME  |  |                             |   |  |                      | NAME               |                                |          |   |                            |             |                                |               |                        |  |
| STREET ADDRESS                              |  |                             |   |  |                      |                    | address                        |          |   |                            |             |                                |               |                        |  |
| CITY-ST-ZIP                                 | L  |                             |   |  | 6.4                  | CITY-ST            | - ZIP                          | L        |   |                            |             |                                |               |                        |  |

I 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.