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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043500 (4)

CINGIE CORPORATION

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									#111 48 111 8 181	10 11101 Dilli Di	ALIT BAKE HAAT
1907 KING R JACKSONVILI US			10916-1A A	C/O YU D HAN 10916-1A ATLANTIC BLVD. JACKSONVILLE FL 32225				DO NOT WRIT	E IN THIS:	SPACE	
								3. Date Incorporated or Qualified 05/30/1995			
2. Principal P	Place of Busines	SS	2a. Mailing	Address				4. FEI Number		TIA	applied For
21			26	26				59-3346081		· · · · · · · · · · · · · · · · · · ·	lot Applicable
Suite, Apt.	#, etc.		Suite, A	Suile, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27	- 				b. Certificate of Status Desired		Fee R	Required
City & State	ie		rn 1	City & State				6, Election Campaign Financing	_) May Be
Zip		Country	28	Z _(P) Country				Trust Fund Contribution	U		to Fees
24	25		h	29 30		Outliny		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No			
Name and Address of Curren								10. Name and Address of New Registered Agent			
НА	N, YU D CPA				81	Na	ame		-8		
109	916-1A ATLAN				St	reet Addre	ess (P.O. Box Number is Not Acceptable)				
JAC	CK \$O NVILLE	FL 32225				_					
					84	Ci	ty			85 Zip	Code
						<u> </u>			<u>FL</u>	. 1 1	
office or r	registered agen	it, or both, in the S	0502 and 607.1508, tate of Flonda: Such oligations of, Section	change was aut	horized by	/ the	med corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the app	changing i ointment as	its registered s registered
SIGNATURE											
12.	Signature, type:i or j		Eagent and the Happleable AND DIRECTORS	(NO)E - F	13.	int sig	nature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE.	DIDECTO	DC IN 12
TITLE	PD			DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFI	JENS ANL	Change	Addition
NAME	UH, ALLEN	N S	_	_	1.2 NAME						
STREET ADDRESS		PLE RUSH DRIV	e west		1.3 STREET	ADDE	RESS				
CITY-ST-ZIP		VILLE FL 32257			1.4 CITY - S						İ
TITLE	VO.		Ţ	DELETE	2.1 TITLE				• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
NAME	UH, HYUN				2.2 NAME						
STREET ADDRESS		PLE RUSH DRIV	e west	ST 2		2.3 STREET ADDRESS					
CITY-ST-ZIP	BACKSOM	VILLE FL 32257		_	2. 4 CITY - 1	ST - 71F	P				
TITLE			L	_] DELETE	3.1 TITLE					Change	☐ Addition
NAME					3.2 NAME						İ
STREET ADDRESS					3.3 STREET						
CITY-ST-ZIP TITLE			-	DELETE	34 CITY-5	3T - ZIF	·			<u> </u>	A 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
NAME			L	_ VILLIE	4.1 TITLE					☐ Change	Addition
STREET ADDRESS					4. 2 NAME	#DOD					
CITY-ST-ZIP					4.3 STREET 4.4 CITY - S						
TITLE			T	DELETE	5.1 TITLE	1-21				Change	Addition
NAME			_		52 NAME						
STREET ADDRESS					5.3 STREET	ADDR	IESS				
CITY-ST-ZIP					54 CITY-S						
TITLE	·		ī	DELETE	61 TITLE		<u> </u>	·····		Change	☐ Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDR	ESS				Ì
CITY-ST-ZIP					6.4 CITY - S						
14 I hereby o	entify that the ir	ntormation supulie	t with this filing doos	not qualify for t	ha ayama	tion	stated in S	Postion 110 07/2)/i) Florida Statutos I	further on	etific that the	a 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 trusled 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.

4/30/08 (01) 259-