## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000070192 (6) **DOCUMENT #** 

HOLY GROUP, INC.

Principal Place of Business Mailing Address



1621 N. STATE ROAD 7 LAUDERHILL FL 33313		1621 N. STATE ROAD : LAUDERHILL FL 33313	7		
				3. Date incorporated or Qualified 3a. Da 09/12/1995	ite of Last Report
2. Principa' Plac	ce of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		65-0609072	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b> ]	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible Florida Statutes 💋 Yes 🔲 No	tax under s 199,032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	d Agent
			.   81   Name   /	Park, Hae Soo	
CHO, SA			82 Street Add	trans /P.O. Roy Number is Not Assessable)	
2750 NV	V SRD AVENUE, #9		102	- SW 158th Trivho	1 420/
miami fi	L 33127		83	•	
			84 City Re	inbrika prues F	85 Zip Code 7
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above named corpo	pration submits this statement for the purpose of c	hanging its registered office
or registere familiar with	id agent, or both, in the State of F i. and acceptithe oblications of S	lorida. Such change was authorized section 607.0605. Florida Statutes	d by the corporation's boa	ard of directors. I hereby accept the appointment a	as registered agent. I am
SIGNATURE	Otal Soo			1-	18-96
	Signature, typed or princed name of registered :		E Registered Agent signature requir		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
101.0	DPS	DELFTF	1 1 TITLE		☐ Change ☐ Addition
EMA#	PARK, HAE SOO		12 NAME		
STREET ADDRESS	402 S.W. 158TH TERRAC	E, #201	1 3 STREET ADDRESS		
CHY-ST ZIP	PEMBROKE PINES FL 33	027	1.4 CITY - ST - ZIP		
T.ILF		DELETE	2 1 TITLE		Change Addition
NAM:			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST 7iP			2.4 CITY-ST-ZIP		
T ILF		DELETE	3 1 TITLE		Change Addition
NAME		_	3.2 NAME		_ , _
STREET ADDRESS			33 STREET ADDRESS		
C-1Y - S1 - 7-P			34 CITY-ST-ZIP		
THUE		☐ DELTIE	4 1 TITLE		☐ Change ☐ Addition
NAME		_	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY - ST. ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
Offy S1-ZiP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STHEET ADDRESS			i I		
CITY - ST - ZIP			6.3 STREET ADDRESS		
	cedify that the information suppl	ied with this filing is voluntarily furnis	6.4 CITY-ST-2IP	for the exemption stated in Section 119.07(3)(k), F	Inrida Statutae I further

cating that the information inocated 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 early that have 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 ghanged, or an an attachment with an address.

SIGNATURE: