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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095821 (1)

KIM BROTHERS EXPORT, INC.

Principal Place of Business Mailing Address 3512 OBISPO STREET 3512 OBISPO STREET TAMPA FL 33629 TAMPA FL 33629-7917 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 4. FEI Number 59-335/523 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζiρ Country Country 8. This corporation has liability for intengible tax under s. 199.032, 24 🗹 Yes 🗌 No 25 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIM, SUK WON 3512 OBISPO STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** 83 City 84 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of mgir fered a jent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETETE Addition TITLE Change 1 1 1/1/LE KIM. SUK WON NAME 1.2 NAME 3512 OBISPO STREET STREET ADDRESS 1,3 STREET ADORESS **TAMPA FL 33629** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 211111 ☐ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY - ST - ZIP TITLE DELETE 4.1 1111.6 Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP

14. To 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 eath; 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

64 CPY- \$1 - 7IP

6.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED

Mar 17 1997 8:00am

Secretary of State

(96/6)