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 # P96000013005 (9)

FILED Jan 21 1998 8:00am Secretary of State

HAFMO	ON CORPORATION	·				
Principal Place of Business Mailing Address						ANIBU ILMAN ELIIN MANIU MALAN MUUN HANK
4661 NW 31ST AVE 4661 NW 31ST AVE						
TAMARAC FL 33309 TAMARAC FL 33309				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					02/12/1996	
2. Principal Place of Business 2e. Mailing Address			 		4. FEI Number	Applied For
21 26					65-0643374	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State						Fee Required
23	,	28	~¬ ´		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Regis	tered Agent
	ED, MARK E		81	Name		
	6 BRICKELL BAY OFFICE 1	TOWER	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	1 S BAYSHORE DRIVE		83			
MIA	MI FL 33131		63			
			84	City		FL 85 Zip Code
office or re agent. I as	m familiar with, and accept the	obligations of, Section 607.0505,	tules, the aboves authorized by Florida Statute.	y the corporations.	poration submits this statement for the purition's board of directors. I hereby accept t	pose of changing its registered
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	0 /	DELET e	1.1 TITLE			Change Addition
NAME	CHO, JONG C		1.2 NAME			
STREET ADDRESS	8086 MIZNER LANE		1.3 STREET	ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33433		1.4 CITY - S	I-ZIP		DAL.
TITLE	CHO, SEONG S		2.1 TITLE			Change Addition
NAME	8086 MIZNER LANE		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	BOCA RATON FL 33433			- 1		
CITY-ST-ZIP TITLE	DELETE			2. 4 CITY - ST - ZIP Change Change		Change Addition
NAME		—	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE	- 1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TITLE	DELETE		5.4 CITY - S 6.1 TITLE	1 - Z(P'		Change Addition
NAME		PULLIC	6.2 NAME			The constitution
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY- S			
14. I hereby o	ertify that the information suppli	ied with this filing does not qualif	v for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
indicated of officer or o	on this annual report or supplem director of the corporation of the	pernal annual report is true and a n receiver or trustee emp wered	accurate and the to execute this	et my signatu report as requ	re shall have the same legal effect as if ma uired by Chapter 607, Florida Statutes; and	toe under oath; that I am and that my name appears in

CNATURE: FULL Chy Color (1-10-98 954-346-72)