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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000024436 (3)

LOTTE MEN'S WEAR INC.

FILED Mar 07 1997 8:00am Secretary of State



Principal Place 12234 WEST SI CORAL SPRING 2. Principal Pl 21 Suite, Apt	AMPLE ROAD S FL 33065 ace of Business	Mailing Address 12234 WEST SAMPLE ROAD CORAL SPRINGS FL 33065-4 2e. Mailing Address 26 Surle, Apt. #, etc.		3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 4. FEI Number Applied For Not Applied For Not Applied For September Additional
City & State		27 City & State		Certificate of Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required Status Desired Fee Required
7ip 24	Country 25 9, Name and Address of Curren		Country 30	Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent
MIAN	N.W. 41ST ST. All FL 33168 o the provisions of Sections 607,0500 or postered agent, or both, in the State of arminar with and accept the obligations.	? and 607.1508, Florida Statutes of Florida. Such change was au tigns et Section 607.0505, Flor	84 City Con	riess (P.O. Box Number is Not Acceptable) Sample R I Strikes FL 85 Zip Code 3 3065 poration submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered Teb (1997)
12.			Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTALE NAME STREET ADDRESS CHY-ST-ZIP	PTD JUNG, HAK S 12234 W. SAMPLE ROAD CORAL SPRINGS FL 33065	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KIM, CHANG S 12234 W. SAMPLE ROAD CORAL SPRINGS FL 33065	DELETE	2 1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP	Change Addition
DITLE NAME STREEL ADDRESS C-TY-ST-7/P		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
THEF NAME STREET ADDRESS:		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
CHY-SI-ZIP TILLE NAME STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	☐ Change ☐ Addition
DITY-ST-ZIP TITLE NAME STHEEL ACIDRESS		☐ DELETE	6.3 STREET ADDRESS	Change Addition

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NA

Hay S. QU

1, PRES (407)8

407)844-6278 (eb.6.