SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061372 (4)

AMERITRADE REALITY CARE, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1191 N.W. 22ND STREET MIAMI FL 33127 | 1191 N.W. 22ND STREET MIAMI FL 33127 |

FILED

97 AUG 15 AM 11:56

SECRETARY OF STATE TALLAMASSEE, FLORIDA

| ₹*#¥# <u>#</u> ################################# | THADE DENOTE ONTE, INO. | | | 4 10411401 110 10110 41110 04111 0411 | |
|--|---|-----------------------------------|--|---|--|
| | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | ir be ild bildi ii dəb əfili ibblə əfəl (DD) |
| 1191 N.W. 22 | | 1191 N.W. 22ND STREET | | } | |
| MIAMI FL 331 | | MIAMI FL 33127 | | | |
| | | | | DO NOT WRITE | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2 Principal C | Place of Business | 2a. Mailing Address | | 07/23/1996 4. FEI Number | |
| 21. Principai r | TIBOS OF BUSINESS | 2a. Mailing Address | | 65-0684406 | Applied For Not Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 05 000 / 1 | \$0.75 Additi |
| 22 | | | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | le | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has pa | - ' - ' I |
| 24 | 25 | | 90 | Personal Property Tax due June | |
| | 9. Name and Address of Curren | I Hegistered Agent | 81 Name | 10. Name and Address of New Reg | gistered Agent |
| CANOE, FAMELA | | | HOMAS SHIN | | |
| 13899 BISCAYNE BLVD. 82 Street Addre | | | dress (P.O. Box Number is Not Acceptab | (e) | |
| SUITE 125 | | | 83 119 | 1 NW 22 ST. | |
| NU | RTH MIAMI BEACH FL 33181 | | 03 | | } |
| | | | 84 City A | 11000 | FL 85 Zip Code 733127 |
| 11 Pursuant | to the provisions of Sections 607 050 | 2 and 607 1508 Florida Statutes | the above-named co | progetion submits this statement for the n | |
| office or i | registered agent, or both, in the State | of Florida. Such change was au | thorized by the corpor | orporation submits this statement for the plaction's board of directors. I hereby accep | I the appointment as registered |
| = | am familiar with, and accept the obliga | N PRESIDE | ua statutes. | mas So | 41.47 |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable (NOTE: | Registered Agent signature req | guired when reinstating) | DATE |
| 12. | OFFICERS AND | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | 0, P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHIN, THOMAS | | 1.2 NAME | | |
| STREET ADDRESS | 1191 N.W. 22ND STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33127 | DELETE | 1.4 CITY-ST-ZIP | | Diameter Comments |
| TITLE | | DELETE | | PRESIDENT | Change Addition |
| NAME | | | | THOMAS GHIN | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 191 NW 22 NO STREE | <u> </u> |
| CITY-ST-ZIP TITLE | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | MIAMI, FL 3312" | Change Addition |
| NAME | 1 | - December | 3.2 NAME | | EJ Change EJ Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | • | 3.4. CITY-ST-ZIP | to the thirty of the | 701051 |
| TITLE | | DELETE | 4.1 TITLE | | 721851 1701950app0241 Addition |
| NAME | | | 4. 2 NAME | -00/ 20/ 3 ####18C | .80 ****165.00 |
| STREET ADDRESS | } | | 4.3 STREET ADDRESS | 4444100 | • 00 ********************************** |
| CITY-ST-ZIP | } | | 4.4 CITY - ST - ZIP | | j |
| TITLE | | ☐ DELETE | 5.1 TITLE | | th Change Addition |
| NAME | | | 5.2 NAME | ,, | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ` | xx 9 ~ U |
| CITY-S1-ZIP | } | | 5 4 5 17 17 215 | • | X 1.0 |
| | | | 5.4 CITY - ST - ZIP | | 0 ' |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |

6.4 CITY-ST-ZIP 14. Ido 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 ennual 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.

63 STREET ADDRESS

August 1, 1997

Secretary of State F.O. Box 6327 Tallahassee, Florida 32314

ATTN: Annual Reports

Enclosed please find the 1997 annual report for Ameritrade Beauty Care, Inc. along with a check for \$165.00.

Please excuse the delayed receipt of this report, as we did not receive the lst notice.

Sincerely,

Yong Suk Hwang, President Ameritrade Beauty Care, Inc. 1191 N.W. 22nd Street Miami, Florida 33127