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

P98000068229

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name MUSCHINA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90052 003 ***150.00



Principal Place of Business Mailing Address						
		2450 NW 5TH AVENUE				
MIAMI FL 33127		MIAMI FL 33127		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualifed 08/05/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
1		26		65-0855471	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
2		27		5. Certificate of Citation Doorload	Fee Re	quired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
3		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip _	Country	8. This corporation owes the current year In		□No
4	25	29] 3	0)	Personal Property Tax.		UNO -
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
CHO	SANDY H		o i Name			
CHO, SANDY H 2750 NW 3RD AVENUE #9			82 Street Add	ress (P.O. Box Number is Not Acceptable)		{
	MI FL 33127		83			
MIN	WI 1 E 33127) 00			
			84 City	Fl	85 Zip C	Sode
		2 - 1 00 7 4 5 00 Ft - 14 - Ct - 14	#5 - hour named oar	poration submits this statement for the purpose o	f changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the	of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE	They					\
	Signature, typed or printed paths of registered eger		egistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DC IN 12
12.	 	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	C) DECENE	1			
NAME	KIM, YONG MIN		1.2 NAME			J
STREET ADDRESS			1.3 STREET ADDRESS			1
CITY-ST-ZIP	PLANTATION FL 33324	[] DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	☐ Addition
TITLE	SVD	CT DCCC/C	2.2 NAME			- 1
NAME	LIM, IN TAIK		2.3 STREET ADDRESS	• ~		· - }
STREET ADDRESS						ļ
CITY-ST-ZIP	MIAMI LAKES FL 33014	[] DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE	([_] SEC.(C	32 NAME			- {
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME		<u></u>	4, 2 NAME			{
	1		4.3 STREET ADDRESS			}
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE		Change	Addition
NAME		-	\$2 NAME	•		
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP	}		54 CITY-ST-ZIP			}
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	(6.3 STREET ADDRESS			{
CITY-ST-ZIP			6.4 CITY-ST-ZIP			}
OH I TO LEAF	1		- 1			

14. I 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, with all other like empowered.

SIGNATURE:

Jan. 14.99