03-04-1999 90132 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000078696

1. Corporation Name

D. K. TRADING, INC.

Principal Place of Business	Mailing Address			f 100 tingt 118 18181 1011) Detti detti aditi editi inne i tatte diti adit
9401 NW 106TH STREET	9401 NW 106TH STREET			
SUITE 106 SUITE 106				DO NOT WOLTE IN THE CRACE
MEDLEY FL 33178 MEDLEY FL 33178				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				3. Date incorporated of Qualified 09/11/1998
Defective Place of Decisions	2a. Mailing Address			(3), FEI Number //// Applied For
2. Principal Place of Business	2a. Mailing Address			LE08664/8 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27			5. Certificate of Status Desired Fee Required
City & State	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 the current year Intangible
24 25	29 3	30		Personal Property Tax.
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent
MANAN DIN MOON		81	Name	
KWAK, DUK WOON 9401 NW 106TH STREET SUITE 106 MEDLEY FL 33178			Street /	Address (P.O. Box Number is Not Acceptable)
			City	FL 85 Zip Code
agent. I am familiar with, and accept the c	biligations of, Section 607.0505, Floric	oa Statutes	•,	oration's board of directors: I hereby accept the appointment as registered
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS	☐ DELETE	1.1 TITLE		DC hange C Addition
NAME (KWAK, DUK WOON		1.2 NAME		KWAK, DUK WOON
STREET ADDRESS 2300 GRIFFIN ROAD #174	.)	1.3 STREE	TADDRESS	5927 GARFIELD ST
CITY-ST-ZIP DANIA FL 33128		1.4 CITY- S	T-ZIP	HOLLYWOOD FL 3704
TITLE	☐ DELETE	2.1 TITLE		/ Change Addition
NAME 1		22 NAME	ĺ	
STREET SOURCESS		2.3 STREE	TADDRESS	
CITY-ST-ZIP (·	2.4 CITY-	ST-ZIP	DAILS.
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREE	TADDRESS	
CITY-ST-ZIP		3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Additi
NAME	-	4. 2 NAME		
STREET ADDRESS			TADDRESS	
CITY-ST-ZIP	☐ DELETE	4.4 CITY-5	T-ZIP	Change Additi
TITLE		5.1 TITLE 5.2 NAME		
I NAME I				

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition