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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90110 013 ***150.00

DOCUMENT # 1. Corporation Name	P98000078794
Corporation Name	

KIM'S 27 AVE. STATION INC.

Principal Place	of Business	Mailing Address	. ,		
% 720 NW 183	ST 17001 WWW.	1 AVE 9-720 NW 183-ST. 1.70	OO! UW 27/1 LOCKA FL 37	460.	
MIAMI FL 33169	OPA LOCKA D	1 AVE 3-720 NW 183-ST. 1.70	LOOKA A 33	DO NOT WRITE IN THE	S SPACE
	Alva chAt 1	9//·	wayer 1 12	3. Date Incorporated or Qualifed	
				09/11/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-6871987	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired	\$8.75 Additional
22		27		o. Continued of Status Desired	Fee Required
City & State	3	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 li	ntangible Myes □No
24	25	29 30	0	Personal Property Tax.	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
KIM	YONG HO		Name		
,	NW 183 ST.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	AI FL 33169		83	14 NW & THE	<i></i>
MITCH.	III I E 30 103			·	
			84 City 04	A LOCKA P FI	85 Zio Gode
office or re	egistered agent, or both, in the S	tate of Florida. Such change was auth	nonized by the corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the app	of changing its registered pintment as registered
	m familiar with, and accept the of	bligations of, Section 607.0505, Florid	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered		egistered Agent signature require		ND DIDEOTODO (N. 40
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	DP	☐ DELETE	1.1 TITLE	Varia #	☐ Change ☐ Addition
NAME	KIM, YONG HO		1.2 NAME	IN YONG THUB	1
STREET ADDRESS	% 720 NW 183 ST.		1.3 STREET ADDRESS	DA LOCCA CLASSON	-
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	14 WOLF H 33012	Change Addition
TITLE		☐ DELETE	2.1 TITLE		Change C Addition
NAME			2.2 NAME	-	· [
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP			2.4 CiTY-ST-ZIP		Change - Addition
TITLE		☐ DELETE	3.1 TITLE		· Change · Divoundary
NAME			3.2 NAME		, 1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	····	C Delete	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Floriere	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Cloude Clyddiddi
NAME			5.2 NAME		. {
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	0.1 1016		

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, on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS