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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # P98000104144

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90002 048 ***150.00

1. Corporation Name					
MIN'S SUB, INC.					
	1111 2 2027 111				
Principal Plac	ce of Business	Mailing Address			
8767 O	lđ Kings Road Sou	th			
Jacksonville, FL 32217				DO NOT WRITE IN TH	41¢ SDACE
				3. Date Incorporated or Qualifed	III JFACE
Duval	County, Florida			/ December 14, 1998	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired.	\$8.75 Additional
22	الموسود و الموسودي ا 	27		Services of outday bearings.	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	· .	30	This corporation owes the current year Personal Property Tax.	Yes XXNo
2-4	9. Name and Address of Current	_1, _1, 1,		10. Name and Address of New Registere	
			81 Name		
	Seong Kwon	_	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	Old Kings Road S		0.10017144	Stood (Fig. 20x Humber to Not Note placing)	
Jack	sonville, FL 3221	7	83		
			84 City		85 Zip Code
				F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpose	of changing its registered
Diffe of t	ettistered agent, or both, in the State of	i Fiorida. Such change was au		ion's board of directors, I hereby accept the app	on anone as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	ion's board of directors. I hereby accept the app	· /
agent. I a	ım familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	in Since Hoa & 36	0/19
agent. I a	m familiar with, and accept the obligation Min Seng Kwon Signature, typed or printed name of egistered agent is	ons of, Section 607.0505, Flori Treasurer and title if applicable. (NOTE:	da Statutes.	in Succe From A 3/2	0/9
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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: VSIG-N

CITY-ST-ZIP

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF KWON

3/20/59 904-739.336