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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **\$50636**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90008 017 ***150.00

J.B. EYE	WEAR IN	IC.						:				
Principal Place	e of Busines	ss	Mailing /	Address			-		1 10011616 101 E1111 00116 41100		DIE K arel Bible	ESEST DIGIS TORS
Principal Place of Business Mailing Address 9000 N.W. 31ST ST. 8000 N.W. 31ST ST. SUITE #19 SUITE #19												
MIAMI FL 33122 MIAMI FL 33122								DO NOT WRITE IN THIS SPACE				
						_		ł	 Date Incorporated or Qualife 05/07/1991 	d 		
Principal Place of Business 2a. Mailing Address									4. FEI Number		A	oplied For
21						<u>65-0267118</u>			ot Applicable			
22 27					t. #, etc.				5. Certifcate of Status Desired			Additional equired
City & State City & State									Election Campaign Financing	g 🗆		May Be
23			28						Trust Fund Contribution			to Fees
Zîp		Country	Zip		Coun	ıtry			8. This corporation owes the cu	irrent year Inta		□N-
24		25	29		30				Personal Property Tax.	Di-tad	∐ Yes	□No
l	9. Name	and Address of Cu	rrent Registered	Agent		81	Name	1	0. Name and Address of New	Registered /	Agent	
KIM	IAE R					۱,	Name					
KIM, JAE B. 8000 N.W. 31 STREET						82 Street Addr			(P.O. Box Number is Not Accept	otable)		
SUIT	E #19					83						
MIAN	MI FL 3312	2				84	City			FI	85 Zip	Code
										<u> </u>		
11. Pursuant office or re agent. La	to the provisegistered ac m familia	sions of Sections 607. gent, or both, in the Si with, and accept the o	tate of Florida. Su	08, Florida Statt ich change was	authorized	by ti	he corpo	ration's	ion submits this statement for the board of directors. I hereby according to the control of the	ept the appoir	milein as re	gistorea
1	1		Egations of, Beet	ion 607.0505, Fi	onda Statu	ites.	Vin	2r		11-1-	F-	99
SIGNATURE	The	<i>7. 7</i>	_	Vae	E: Registered	_/	CIP	7 <u> </u>		4-/- DATE	F-7	99_
SIGNATURE	The	or printed name of registered	_	able. (NOT	Z .	_/	CIP	7 <u> </u>		DATE		
1	The	or printed name of registered	agent and title if applica	able. (NOT	E: Registered /	Agent	CIP	7 <u> </u>	en reinstating)	DATE		
SIGNATURE	P P	or printed name of registered OFFICERS	agent and title if applica	Abie. (NOT	E: Registered /	Agent LE	CIP	7 <u> </u>	en reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	P KIM, JAE	or printed name of registered OFFICERS	agent and title if applica	Abie. (NOT	E: Registered / 13. 1.1 TITL 1.2 NA	Agent :	CIP	7 <u> </u>	en reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	P KIM, JAE	OFFICERS B W 80TH COURT	agent and title if applica	Abie. (NOT	E: Registered / 13. 1.1 TITL 1.2 NA	Agent LE ME	signature rec	7 <u> </u>	en reinstating)	DATE	D DIRECTO	DRS IN 12
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS