**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # S63623

K.S. EXPORT CORPORATION VIVA BRASIL



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 30, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address			s 1881/1918 Ille Sirte litte Silte tibae titt eietr ander ander ander ander ander
MIAMI FL 33131 M		112 SE 1ST ST MIAMI FL 33131 US			DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed 06/28/1991
Principal Place of Business     2a. Mailing Address			<del></del>		4. FEI Number Applied For
21	<u> </u>	26			65-0270218 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	9 ,	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Cour	ntry	8. This corporation owes the current year Intangiple Personal Property Tax.
24]	9. Name and Address of Current				10. Name and Address of New Registered Agent
-		<u> </u>		81 Name	
K.S. EXPORT VIVA BRASIL 112 SE 1ST ST				82 Street	Address (P.O. Box Number is Not Acceptable)
	AI FL 33132			83	
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 60f/0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered SIGNATURE  SIGNATURE  SIGNATURE  (NOTE: Registered Agent signature required when reinstating)  OATE					
12,	OFFICERS AND		13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 111	LE	☐ Change ☐ Addition
NAME	KYONG, SOO CHOI /	i	1.2 NA	ME	
STREET ADDRESS	199 OCEAN LANE DRIVE, SUITI	E 201	1.3 ST	REET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 Ci	Y-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TIT	LE	☐ Change ☐ Addition
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CITY-ST-ZIP	<u> </u>			ry-st-zip	
TITLE	· · · · · · · · · · · · · · · · · · ·	□ DELETE	6.1 TI	LE	· Change Addition

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 faceived of 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 attraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS