

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DOCUMENT # S69883 (4)**

1. Corporation Name  
**KSYYP CORPORATION, INC.**

96 SEP -4 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2630 NW 5 AVE  
MIAMI FL 33127**

Mailing Address  
**2098 NW 20TH ST #5  
MIAMI FL 33142  
US**

3. Date Incorporated or Qualified **07/26/1991** 3a. Date of Last Report **02/21/1995**  
4. FEI Number **65-0291623** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address  
26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent  
**BUM JOON PARK  
2098 NW 20TH ST., #5  
MIAMI FL 33142**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of present principal of registered agent and their representative) (Date) \_\_\_\_\_ (Registered Agent signature required when resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARK, KWANG S.</b>	12 NAME	
STREET ADDRESS	<b>2098 NW 20 ST #5</b>	13 STREET ADDRESS	<b>500001947565</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	<b>-03/16/96--01019--009</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<b>****375.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARK, YONG YM.</b>	22 NAME	
STREET ADDRESS	<b>2098 NW 20 ST #5</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **Kwang S. Park** 8/28/96 (305) 545-8218

CR2E034 (3/96)