FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) CHO IMPORT-EXPORT, INC. Principal Place of Business Mailing Address 8896 SW 129TH TERRACE 8896 SW 129 TERRACE MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 09/23/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **B831** : 65-0313352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required **TIDH** 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ Ño 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARD BARON ATTY. BARON 11077 BISCAYNE BLVD #307 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33161 BISCAYNE 63 MIBHI 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05/02 and 607.15/08, 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 607.05/05, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 1.1 TITLE DCHO YONG CHO, YONG NAME 1.2 NAME 9100 S. W. 103 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP

14. Thereby certify that the information supplied with this filling 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 auritial 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 of trustee empowers 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 of the receiver of the corporation of the receiver o

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City - ST - ZIP

5.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

HAME

STREET ADDRESS

STREET ADDRESS

COY-ST-7/P

CITY-ST-ZIP

98 (208)255

Change

Change

Addition

Addition