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FILE	NOW: FILING FEE AF	TER MAY 1ST IS	\$550.00		r
PF	OFIT ORATION	FLORIDA DEPART	MENT OF STATE	FILED	
ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		98 JUL 29 PH	2: 43
DOCUM 1. Corporation N	ENT # \$94920) (3)		SECUE DE LA CAMPANIA DEL CAMPANIA DE LA CAMPANIA DEL CAMPANIA DE LA CAMPANIA DEL CAMPANIA DEL CAMPANIA DE LA CAMPANIA DE LA CAMPANIA DEL CAMPANIA	STA TE TLOR ID A
USA DIS	COUNT, INC.				
Principal Place o	4	Mailing Address 2750 N.W. 3RD AVENUE			AN BIDII dia n bidii okom bafah dibik dodi.
STORE #2 STORE #2				DO NOT WRITE: 3. Date incorporated or Qualified	IN THI S S PACE
2. Principal Plac	of Business	2a. Mailing Address	-	11/18/1991 4. FE! Number	Applied For
21	14	26		65-0296764	Not Applicabl
Suite, Apt. #, 22	ec.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e e e e e e e e e e e e e e e e e e e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 6. Name and Address of Current I	1=-1	Country	This corporation owes or has paid Personal Property Tax due June 3 Name and Address of New Reg	30. 🔲 Yes 🔲 No
KIM	YOUNG KOO		81 Name		
	DUNBARTON PL		82 Street Addr	ess (P.O. Box Number is Not Acceptable	۵)
	EAH FL 33016		51 Street Addr	ess (r.o. box number is not Acceptable	3)
			83	*****	
	and C - 13- Special		B4 City		FL 85 Zip Code
	ne provisions of Sections 607.0502 stered agent, or both, in the State of miliar with, and accept the obligations.	and 607,1508, Florida Statutes Florida, Such change was au ons of, Section 607,0505, Flori	, the above-named corp thorized by the corporati da Statutes.	poration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the ap po intment as registered
SIGNATURE	(a)) Typed or printer frame of registered agent a	and title if applicable (NOTE I	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Additio
NAME	KIM, YOUNG KOO		1.2 NAME	8 000026i	097487
STREET ADDRESS	15145 DUNBARTON PL HIALEAH FL		1.3 STREET ADDRESS	-08/06/9	8 01 074010
CITY-STOZIP TITLE	ITD	☐ DELET E	1.4 C(TY-ST-ZIP 2.1 T(TLE	****550	097487 801074010 - 00
NAME	KIM, KYONG JA	, sec.,	2.2 NAME		: Suprigo C Magnio
STREET ADDRESS	15145 DUNBARTON PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALEAH FL		2. 4 CITY-ST-ZIP		<u>.</u>
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	The state of the s		3.2 NAME		•
STREET ADDRESS	***************************************		3.3 STREET ADDRESS		5. 3.
CITY-ST-ZIP	2	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME NAME	* * * * * * * * * * * * * * * * * * *	_ otter	4.1 IIILE 4.2 NAME		Figure Figure
STREET ADDRESS	\$ 1 de la companya de		4.3 STREET ADDRESS		A :
CITY-ST-ZIP	# 4		4.4 CITY-ST-ZIP	1	1 8 o
TITLE	•	DELETE	51 THILE	41,29	Change Addition
NAME	# 19 mm 1 mm		52 NAME	9° 2°	1.
STREET ADDRESS	7		5 3 STREET ADDRESS	1	왕 전
CITY ST. 740	Ī		SACITY-ST-7IP		£

6.4 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 on an attachment with an exercise. 7/28/98

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

≟ ☐ Change

Addition