

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V29421** (7)

1. Corporation Name

**BAUREX CORPORATION**



Principal Place of Business

Mailing Address

**10012 N DALE MABRY HWY  
SUITE 110  
TAMPA FL 33618  
US**

**15020 ROCKY LEDGE DR  
TAMPA FL 33625  
US**

3. Date Incorporated or Qualified  
**04/17/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4013 W. Linebaugh Ave.**

26

22 **109**

27

23 City & State

28 City & State

**TAMPA FL**

**TAMPA FL**

24 Zip

29 Zip

**33624**

**Hillsborough**

25

30 Country

**US**

**US**

4. FEI Number

**59-3119840**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANG, IK KOON  
10012 N DALE MABRY HWY  
SUITE 110  
TAMPA FL 33618**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4013 West Linebaugh Avenue**

83 Suite 109

84 City Tampa

**FL**

85 Zip Code  
**33624**

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 typed or printed name of registered agent and date of appointment

Signature typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **CHANG, IK KOON**  
STREET ADDRESS **15020 ROCKY LEDGE DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VTD** ☐ DELETE

NAME **CHANG, HYUNSOOK K**  
STREET ADDRESS **15020 ROCKY LEDGE DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **LEE, CHANG H**  
STREET ADDRESS **6707 NORTH HABANA**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IK KOON CHANG**

**4-24-96**

**(013)-265-4835**

CR2E034 (12/95)