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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31747

(1)

HANAH'S GIFTS SHOP, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			LOSA OTOTA OTOSE OLOSA BIRIS SODI
HANAH'S GIFTS 2772 DAVIE BLVD. FT LAUDERDALE FL 33312		2772 W. DAVIE BLVD. FT LAUDERDALE FL 33312 US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified 04/27/1992	
·	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		65 -032 9642	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Commedie of Olarida Desired	Fee Required
City & Stat		Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curr	29 Annt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
нс	NG, U PYO	ont nogistered Agent	81 Name	10. Name and Address of New Hegistere	u Agent
	TORCHWOOD AVE.			10.7	
PLANTATION FL 33324			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ARTATION TE GOOZY		83		
			84 City	F	85 Zip Code
(i). Pursuant	to the provisions of Sections 607.05	002 and 607.1508, Florida Statu	tes, the above-named cor	noration submits this statement for the nurnose	of changing its registered
office or r	registered agent, or both, in the Sta im familiar with and accept the obli	te of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	111/1/2000	300000, T	onda olaidies.		
SIGNATURE	Signature, types or printed national registrates a	go rand title if applicable (NO	It Registered Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PO U DVO	☐ DELETE	1.1 TITLE		Change Addition
NAME	HONG, U PYO		1.2 NAME		
STREET ADDRESS	70 TORCHWOOD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY - ST - ZIP		
TITLE	STD HONG, INSOOK NIKKI	☐ DELETE	2.1 TITLE		Change Addition
NAME	70 TORCHWOOD AVE.		2.2 NAME		
STREET ADDRESS	PLANTATION FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TEATINIONTE	DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 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		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1					

1 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 eath; 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.