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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90248 027 \*\*\*150.00

$\Box$	OCUMENT #	V45911
1.	Corporation Name	1 100 1 1

TOGETHER IMPORTS OF MIAMI, INC.

Principal Place	o of Rusiness	Mailing Address			····					
6902 SW 88TH ST 6902 SW 88TH ST E-404 E-404					and the same	DO NOT WRITE IN THIS SPACE				
MIAMI FL 33156-1546 MIAMI FL 33156-1546 US US						3. Date Incorporated or Qualifed 06/22/1992				
2. Principal Pl	Place of Business 2a. Mailing Address 26					4. FEI Number 65-0342302		$\rightarrow$	plied For t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$	8.75 A	dditional	
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			May Be		
Zip	Country	Zip Cour				8. This corporation owes the current year Intangible				
24	25		30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registe	ered Agei	nt .	<del></del>	
	N, TONY			82		ss (P.O. Box Number is Not Acceptable)		<del></del>	<del>`</del>	
6902 SW 88TH ST E-404 MIAMI FL 33156					Sileet Addre	ss (P.O. Box Number is Not Acceptable)	<u>:</u>			
l war ur	12 33 133			83						
				84	City		FL 85	<u></u>		
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	0-		· · · · · · · · · · · · · · · · · · ·	5//	7/1	07				
12.	Signature, typed or printed name of registered agent		egistered	Agen	signature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12	
TITLE	DPS	☐ DELETE	1.1 TF	TLE:	T	ADDITIONAL STATE OF THE OFFI TO SEE		Change	Addition	
NAME	HYUN, TONY		1.2 N	WE						
STREET ADDRESS	6902 S.W. 88TH ST., E-404				ADDRESS					
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CF 2.1 TF	_	'-ZiP			Change	Addition	
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STREET ADDRESS					ADDRESS			•		
CITY-\$T-ZIP			2.4 C	ITY-S	T-ZIP					
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NAME			4.2 N							
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TITLE		☐ DELETE	5.1 TO					Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS			1		ADORESS				l	
CTY-ST-ZIP		☐ DELETE	5.4 CF 6.1 TF		- CIP		<del></del>	Change	Addition	
TITLE			6.2 NA				' ل	O I GHYO		
NAME etacet annaese					ADDRESS					
STREET ADDRESS			6.4 CI		ł					

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 address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/19 705 3>6-9446

R2E034 (11/98