

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 530261 (7)**

1. Corporation Name

**SIAMESE TRADER, INC.**

**95 MAY 31 AM 9:37**

Principal Place of Business: **222 KINGFISHER WAY ROYAL PALM BEACH FL 34111**  
Mailing Address: **222 KINGFISHER WAY ROYAL PALM BEACH FL 34111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/28/1977</b>		3a. Date of Last Report <b>05/23/1994</b>	
4. FEI Number <b>59-1749623</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 <b>400 Hibiscus Avenue</b>		2a. Mailing Address 26 <b>400 Hibiscus Avenue</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>Palm Beach, FL</b>		28 City & State <b>Palm Beach, FL</b>	
24 Zip <b>33480</b>	25 Country <b>Palm Beach</b>	29 Zip <b>33480</b>	30 Country <b>Palm Beach</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SALISBURY, PUSADEE R. (MRS.) 9254 HEATHERIDGE DR. W PALM BCH FL 33411</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City <b>FL</b> B5 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALISBURY, DAVID A.</b>	1.2 NAME	
STREET ADDRESS	<b>9254 HEATHERIDGE DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALISBURY, PUSADEE R.</b>	2.2 NAME	
STREET ADDRESS	<b>9254 HEATHERIDGE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALAKIT, AREE</b>	3.2 NAME	
STREET ADDRESS	<b>167/1-2 WIRELESS ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BANGKOK, THAILAND</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALAKIT, PAYAO</b>	4.2 NAME	
STREET ADDRESS	<b>167/1-2 WIRELESS ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BANGKOK, THAILAND</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(4), 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 the attachment with an address.

SIGNATURE: *Pusadee R. Salisbury* **5/25/95** **407-659-7661**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)  
**Pusadee R. Salisbury, Secretary/Treasurer**