FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **759784** **(2)**

1. Corporation Name

LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3791 - 25TH AVE.. N. ST. PETERSBURG FL 33713 US	3791 - 25TH AVE.. N. ST. PETERSBURG FL 33713 US

3. Date Incorporated or Qualified: **06/25/1981**

3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2891844** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

VORSASRN, CHANTHO
3791 25TH AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] President 3-6-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VORASARN, CHANTHO		1.2 NAME	
STREET ADDRESS	3791 25TH AVENUE NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILAPHET, KHONGSAVANH		2.2 NAME	
STREET ADDRESS	5899 107TH TERRACE NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VIXAYARATH, OUNHEUANE		3.2 NAME	
STREET ADDRESS	5188 46TH STREET NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	GS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	INSOUTA, KHAMPHAN		4.2 NAME	
STREET ADDRESS	4255 101ST AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VIENGKHAM, LAYSOULIVONG		5.2 NAME	
STREET ADDRESS	2710 39TH AVENUE NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	SA	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	THIPHONPHAN, BONNIE		6.2 NAME	
STREET ADDRESS	5940 108 TERRACE NORTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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

SIGNATURE: [signature] VORASARN CHANTHO 3-6-96 (813) 323-3997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #