

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:36

DOCUMENT # N29261 (7)

1. Corporation Name
**GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, IN
C.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1988	3a. Date of Last Report 06/14/1994
4. FEI Number 95-3692543	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business 5607 TOWN & COUNTRY BLVD. TAMPA FL 33615		Mailing Address 5607 TOWN & COUNTRY BLVD. TAMPA FL 33615	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent HAI, NGUYEN VAN 5607 TOWN N COUNTRY BLVD. TAMPA FL 33615				10. Name and Address of New Registered Agent			
B1 Name LE TUAN ANH		B2 Street Address (P.O. Box Number is Not Acceptable) 5607 TOWN N. COUNTRY BLVD		B3		B4 City TAMPA	
				B5 Zip Code FL 33615			

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 Tuan Anh Le **LE TUAN ANH** DATE **3/17/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME HAI, NGUYEN VAN	1.1 TITLE PO	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 5607 TOWN & COUNTRY BLVD.	CITY-ST-ZIP TAMPA FL 33615	1.2 NAME LE, TUAN ANH	
		1.3 STREET ADDRESS 5607 TOWN N COUNTRY BLVD.	
		1.4 CITY-ST-ZIP TAMPA FL 33615	
TITLE SD	NAME THOMAS, TOM	2.1 TITLE SD LY NGOC THANH XUAN	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 5607 TOWN & COUNTRY BLVD.	CITY-ST-ZIP TAMPA FL 33615	2.2 NAME 5914 Bryce Lane.	
		2.3 STREET ADDRESS Tampa, FL 33615	
		2.4 CITY-ST-ZIP	
TITLE TD	NAME HONG, THI ANH HO	3.1 TITLE TD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2305 PHILIPPE PKWY #105	CITY-ST-ZIP SAFETY HARBOR FL 34695	3.2 NAME HO, HONG THI ANH	
		3.3 STREET ADDRESS 15420 LIVINGSTON AVE #2507	
		3.4 CITY-ST-ZIP TAMPA, FL 33549	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HONG T. HO **HONG T. HO** DATE **3/17/95** (813) 854-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Full (Key to Form # 24487)