

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 # **N29261** (7)
1. Corporation Name

GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, INC.



Principal Place of Business: **5607 TOWN & COUNTRY BLVD. TAMPA FL 33615**
Mailing Address: **5607 TOWN & COUNTRY BLVD. TAMPA FL 33615**

3. Date Incorporated or Qualified: **11/14/1988**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **95-3692543**
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

21. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. City & State
24. Zip; Country
25. Zip; Country
26. Suite, Apt. #, etc.; City & State; Zip; Country
27. Suite, Apt. #, etc.; City & State; Zip; Country
28. City & State
29. Zip; Country
30. Zip; Country

9. Name and Address of Current Registered Agent
**LE, TUAN ANH
5607 TOWN N COUNTRY BLVD
TAMPA FL 33615**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (Date of Registered Agent's signature required when certifying)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LE, TUAN ANH	
STREET ADDRESS	5607 TOWN N COUNTRY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LY N'OOE THANH XUAN	
STREET ADDRESS	5914 BRYCE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HONG, THI ANH HO	
STREET ADDRESS	15420 LIVINGSTON AVE 2507	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11/12)

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: _____ DATE: **11/30/96** (813)854-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)