


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29261 (7)**

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

Principal Place of Business <b>5607 TOWN &amp; COUNTRY BLVD. TAMPA FL 33615</b>	Mailing Address <b>5607 TOWN &amp; COUNTRY BLVD. TAMPA FL 33615</b>
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3. Date Incorporated or Qualified <b>11/14/1988</b>	
4. FEI Number <b>95-3692543</b>	Applied For <input type="checkbox"/> Not Applicable
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 <b>HUYNH VAN HUNG</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>8809 OLIVEWOOD PLACE</b>		
83		
84 City <b>TAMPA</b>	85 FL	86 Zip Code <b>33615</b>

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 **2/6/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>LE, TUAN ANH</b>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5607 TOWN N COUNTRY BLVD</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.2 NAME <b>HUYNH VAN HUNG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>LY NGOC THANH XUAN</b>	1.3 STREET ADDRESS <b>8809 OLIVEWOOD PLACE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5914 BRYCE LANE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.4 CITY-ST-ZIP <b>TAMPA, FL 33615</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>HONG, THI ANH HO</b>	2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>15420 LIVINGSTON AVE 2507</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.2 NAME <b>LY NGOC THANH XUAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.3 STREET ADDRESS <b>5914 BRYCE LANE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.4 CITY-ST-ZIP <b>TAMPA, FL 33615</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME <b>KHUU NGHINH</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.3 STREET ADDRESS <b>12708 SPANISH LAKE DR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.4 CITY-ST-ZIP <b>TAMPA, FL 33635</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **2/6/98**

CFR2037 (10/97)