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**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000042298 (5)**

1. Corporation Name:  
**CHAO THAI CORP.**



Principal Place of Business  
**4610 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**4610 N. FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064-6511**

3. Date Incorporated or Qualified: **05/10/1996**  
3a. Date of Last Report

2. Principal Place of Business  
21 [Redacted] 26 [Redacted]  
Suite, Apt. #, etc.

23 [Redacted] 27 [Redacted]  
City & State

24 [Redacted] 25 [Redacted] 29 [Redacted] 30 [Redacted]  
Zip Country Zip Country

4. FEI Number: **65-0669148**  
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

**NAMKUNEE, SURIN  
8001 NE 14TH ROAD  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name: **SUPATANASOPON, SINUAL**  
82 Street Address (P.O. Box Number is Not Acceptable): **6398 LOBOSCAY DRIVE**  
83 [Redacted]  
84 City: **LANTANA, FL** 85 Zip Code: **33462**

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: *Sinual Supatanasopon* DATE: **01/20/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **PTSD**  DELETE  
NAME: **NAMKUNEE, SURIN**  
STREET ADDRESS: **8001 NE 14TH ROAD**  
CITY-ST-ZIP: **FT. LAUDERDALE FL 33334**

[Redacted]  DELETE

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PS**  Change  Addition  
1.2 NAME: **SUWANPIBOON, VINAI**  
1.3 STREET ADDRESS: **6398 LOBOSCAY DRIVE**  
1.4 CITY-ST-ZIP: **LANTANA, FL 33462**

2.1 TITLE: **VPT**  Change  Addition  
2.2 NAME: **SUPATANASOPON, SINUAL**  
2.3 STREET ADDRESS: **6398 LOBOSCAY DRIVE**  
2.4 CITY-ST-ZIP: **LANTANA, FL 33462**

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sinual Supatanasopon* **SINUAL SUPATANASOPON** 954-786-1991  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)