

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049255 (8)
 1. Corporation Name
AMPA ENTERPRISES, INC.



Principal Place of Business 4933 SANDLAKE ROAD ORLANDO FL 32819	Mailing Address 4933 SANDLAKE ROAD ORLANDO FL 32819-9527
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/07/1996	3a. Date of Last Report 06/07/96
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 593382476	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SUKKASEM, BUSANEE
6111 LOST TREE CT.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name Busanee S. Dominguez
82 Street Address (P.O. Box Number is Not Acceptable) 4208 Big Valley Blvd
83
84 City Kissimmee FL 85 Zip Code 34746

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 *Busanee S. Dominguez* DATE **6/13/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	AMPA, SUCHITRA
STREET ADDRESS	6111 LOST TREE CT.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	VP <input type="checkbox"/> DELETE
NAME	EDWIN F AMPA
STREET ADDRESS	4208 Big Valley Blvd
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	SIT <input type="checkbox"/> DELETE
NAME	NORAMINDA AMPA
STREET ADDRESS	4208 Big Valley Blvd
CITY-ST-ZIP	KISSIMMEE, FL 34746
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 IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/96)

June 13, 1997

To whom it may concern,

I have been advised to write to you and let you know that the annual report was not delivered to my address until this late date. In which I then notified the state to which an employee at the Tallahassee offices told me that if a letter was received explaining the mailing of the letter had not been delivered to the correct mailing address the penalty would be waived. I hope this letter is sufficient for our situation as far as explanations go. Thank you and I am hoping that this will clear matters up.

Sincerely,

A handwritten signature in cursive script that reads "Suchittra Ampa". The signature is written in dark ink and is positioned to the right of the typed name.

Suchittra Ampa