

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TAMPA, FLORIDA 33604

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P93000069219 (2)

95 MAY -1 PH 2:13

SUKHOTHAI N & P INC.

8201-A N DALE MABRY HWY  
TAMPA FL 33614

8201-A N DALE MABRY HWY  
TAMPA FL 33614

DATE OF FILING (SEE INSTRUCTIONS)

|                                                                                                                                                                      |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Date of Incorporation (Domestic)<br><b>09/28/1993</b>                                                                                                             | 3a. Date of Last Report<br><b>05/27/1994</b>            |
| 4. FEI Number<br><b>59-3207085</b>                                                                                                                                   | Applying For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                   |                                                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                             |                                                         |
| 8. This corporation has liability for an applicable fee under the Florida<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                         |

|                                             |                                       |
|---------------------------------------------|---------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b>      |
| 3. State of Incorporation<br><b>22</b>      | 3a. State of Last Report<br><b>27</b> |
| 4. City and State<br><b>23</b>              | 4a. City and State<br><b>28</b>       |
| 5. Zip<br><b>24</b>                         | 5a. Zip<br><b>29</b>                  |
| 6. Zip<br><b>25</b>                         | 6a. Zip<br><b>30</b>                  |

|                                                                                                                             |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>NITAYANGKUL, NIYOM<br/>8201-A N DALE MABRY HWY<br/>TAMPA FL 33614</b> | 10. Name and Address of New Registered Agent<br><b>81 Name<br/>82 Street Address (P.O. Box Number is Not Acceptable)<br/>83<br/>84 City<br/>FL 85</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submitted this statement for the purpose of changing its registered office in accordance with the provisions of the Florida Statutes, and that each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation, and I will comply with the provisions of the Florida Statutes.

WITNESSETH that the foregoing is a true and correct copy of the statement of the registered agent of said corporation, and that the same was filed for record in the office of the Secretary of State of the State of Florida, this 1st day of May, 1995.

|                                                                                         |                                                                               |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                              | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12                        |
| NAME<br><b>PD<br/>NITAYANGKUL, NIYOM<br/>8201-A N DALE MABRY HWY<br/>TAMPA FL 33614</b> | 1. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME<br><b>D<br/>NITAYANGKUL, PANSRI<br/>8201-A N DALE MABRY HWY<br/>TAMPA FL 33614</b> | 2. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 3. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 4. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 5. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 6. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 7. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 8. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 9. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                    | 10. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 11. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 12. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 13. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 14. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 15. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 16. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 17. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 18. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 19. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                    | 20. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 139.02, Florida Statutes. I further certify that the information supplied with this filing is not a fraudulent or deceptive statement and that my signature shall serve as the basis for the filing of this statement under penalty of perjury. I declare that I am the owner of this corporation and that I am the registered agent of this corporation. I declare that I am the owner of this corporation and that I am the registered agent of this corporation.

SIGNATURE: *[Signature]* *[Signature]* **4/21/95 (813-24-2995)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR