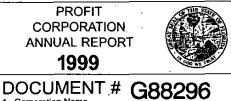
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90046 042 ***150.00

1. Corporation	THAILIC									
DESELI,	INC.						_		,	
•	•	,								
· .		,•			_					
Principal Place of Business Mailing Address							,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4400 N. FEDERAL HIGHWAY 4400 N. FEDERAL HIGHWAY										
NO 116 NO 116						DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33431 . BOCA RATON FL 33431 US US						3. Date Incorporated or Qualifed				
		00				03/01/1984				
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied	For	
21	acc of Busiless	26				59-2451852	H	Not App		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additio	onal	
22		27				5. Certifcate of Status Desired	Fe€	Require	ď	
City & State	e .	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23	<u> </u>	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		untry		8. This corporation owes the current year			ŀ	
24	25		30		_	Personal Property Tax.	∐Yes	□No	3	
	9. Name and Address of Curren	t Registered Agent		81 Nam		10. Name and Address of New Register	ea Agent			
SELL	, martha v.			I Nam	5	<u></u>				
4400 N. FEDERAL HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable)						
NO 116				83						
BOCA RATON FL 33431									ĺ	
				84 City			*L 85 2	Zip Code	ŀ	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					d como			a its regis	tered	
office or n	egistered agent, or both, in the State (of Florida. Such change was at	ithorize	ed by the cor	poration	n's board of directors. I hereby accept the ap	pointment a	s register	ed	
-	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Sta	itutes.						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registere	ed Agent signatur	e required	when reinstating) DATE			- }	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE 1.11		TITLE		•	Char	nge 🗀	Addition		
NAME	SEU, GEORGE		1.23	NAME		C - 771. A-100				
STREET ADDRESS			1.33	1.3 STREET ADDRESS 8		903 S.E. 774 Avenue Delvay Beach, FL 33483				
CITY-ST-ZIP			1.4 CITY-ST-ZIP		Delray Beach, PL	, 740				
TITLE	_		TITLE	1	,	The cual	ige L	Addition		
NAME ,	SELI, MARTHA V.		2.21	NAME		2035 E. The Ave.				
STREET ADDRESS			2.3	2.3 STREET ADDRESS		035.E. The AV	22	48 3	3	
CITY-ST-ZIP			CITY-ST-ZIP ·	<u> </u>	servey geach, r.C.		, O	Addition		
TITLE	DELETE 3.1 TI				/		nyc L_1	(המימיינים		
NAME	·			NAME						
STREET ADDRESS			1	STREET ADDRES	s					
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP TITLE	┼		☐ Char	nge 🗆	Addition	
TITLE				NAME		,		, <u> </u>		
NAME STREET ADDRESS				STREET ADDRES		•				
STREET ADDRESS				STREET ADDRES CITY-ST-ZIP	۱ .					
CITY-ST-ZIP TITLE		☐ DELETE	_	TITLE	+		Char	nge [Addition	
NAME				NAME					1	
STREET ADDRESS			5.3	STREET ADDRES	s				1	
CITY-ST-ZIP	,		1	CITY-ST-ZIP)	
TITLE		☐ DELETE		TITLE	\top		☐ Char	nge 🔲	Addition	
NAME			6.21	NAME		·				
	·		63	STREET AIVARES	اء				j	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR