FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H09111** **(6)**

1. Entity Name
TASTE OF SIAM, INC.

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

Mailing Address
4610 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1984**
3a. Date of Last Report: **08/26/1994**

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
29 30

4. FEI Number: **59-2419042** ☐ 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

7. This corporation has subject to corporate tax under Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YAMUSENOR, ABDULLATIF
4610 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to Section(s) 607.1005 and/or 617.1005, Florida Statutes, the above named corporation submits the following 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 or by an officer so authorized if no directors in office. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PT YAMUSENOR, ABDULLATIF 3910 NE 22ND AVE LIGHTHOUSE POINT FL	☐ Change ☐ Addition
VS YAMUSENOR, KOBKUL 3910 NE 22ND AVE LIGHTHOUSE POINT FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an arrow.

SIGNATURE: A. Yamusenor 5-15-95 305-986-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABDULLATIF YAMUSENOR

0106585 CP