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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

SIAM TULIP RESTAURANT, INC.

Principal Place of Business Mailing Address			-]	BARKI WINII UK	ISH MINH INGI
% Joseph 1. Diaz 1905 e. Fletcher Avenue Tampa fl 33612		% JOSEPH L. DIAZ 1905 E. FLETCHER AVENUE TAMPA FL 33612		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		ļ
2 Principal P	lace of Business	2a. Mailing Address				10/10/1988 4. FEI Number		Applied For
21	add of Equitions	26				59-2912884		Vot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Stat	e .	City & State				6. Election Campaign Financing		0 мау Ве
23		28	1 0			Trust Fund Contribution		to Fees
Zip	Country	Zip	—	intry		8. This corporation owes or has paid the cui		ntangible
24	9. Name and Address of Current	29 Registered Agent	30			Personal Property Tax due June 30. 1 10. Name and Address of New Registered		<u> </u>
					Name	10.		·
DIAZ, JOSEPH L. 2522 W. KENNEDY BLVD.				82	Chromb Address	(D.O. Day Number in Net Accordable)		
	MPA FL 33609		!	62	Street Addre	ss (P.O. Box Number is Not Acceptable)		
.,				83				
				84	City	-	85 Zip	Code
Durante Name of Continue COT OCCO and COT ISSO. Flying Clarkers the						FL FL		We estatement
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								is registered
SIGNATURE								
				Registered Agent signature require		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DE IN 10
12.	D OFFICERS AND	DELETE DELETE	1.1 Ti	TLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	
NAME	PATHOMKASIKUL, KUNCHIT		1.2 N					
STREET ADORESS					ADDRESS			ľ
CITY - ST - ZIP			TY-S	T-ZIP				
TITLE			2.1 11	TLE			☐ Change	Addition
NAME	PATHOMKASIKUL, RADKLAO		2.2 N	AME	J			J
STREET ADDRESS	17716 NATHAN DR		2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE	3,1 11				Change	Addition
NAME			3.2 N/	-	1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3,4. C		ST-ZIP		Change	Addition
NAME			4.2 N		ĺ		Onango	
STREET ADDRESS				-	ADDRESS			
CITY-ST-ZIP			4.3 S					
TITLE		☐ DELETE	5.1 TI		1-211		Change	☐ Addition
NAME		<u> </u>	5.2 N/					
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

CICNATURE

**CICNATURE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

1/13/98

FILED

Jan 28 1998 8:00am

Secretary of State

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813-977-9065