

FILE NO. FILING FEE AFTER MAY 1ST IS \$550.00

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Secretary of State

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02/24/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L32707

1. Corporation Name
THAI HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
MAIKO JAPANESE RESTAURANT
1255 WASHINGTON AVE
MIAMI BCH FL 33139
US

Mailing Address
MAIKO JAPANESE RESTAURANT
1255 WASHINGTON AVE
MIAMI BCH FL 33139
US

3. Date Incorporated or Qualified
11/27/1989

2. Principal Place of Business
 21 [] 2a. Mailing Address
 26 []

4. FEI Number
65-0170006 Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 [] 27 []

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 [] 28 []

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 [] 25 [] 29 [] 30 []

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSMETES, KHURAWAN
% MAIKO JAPANESE RESTAURANT
1255 WASHINGTON AVE
MIAMI BCH FL 33139

81 Name **MANORAT, WITTAYA**
 82 Street Address (P.O. Box Number is Not Acceptable)
MAIKO JAPANESE RESTAURANT
1255 WASHINGTON AVE
 84 City **MIAMI BEACH, FL** 85 Zip Code **33139**

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 *Wittaya Manorat* **(WITTAYA MANORAT)** **01/10/99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANORAT, WITTAYA	1.2 NAME	
STREET ADDRESS	1255 WASHINGTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMONTHEE, PRAPAST	2.2 NAME	
STREET ADDRESS	1255 WASHINGTON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMONTHEE, BUNPOT	3.2 NAME	
STREET ADDRESS	1255 WASHINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Wittaya Manorat* **(WITTAYA MANORAT)** **01/10/99** **305-531-6369**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)