PRO CORPC ANNUAL	OFIT DRATION REPORT	FLORIDA DEPARTME Sandra B M Secretary of DIVISION OF COR	NT OF STATE ortham State		
DOCUMI 1. Corporation Na		(1)			
SUKHOTI				LIBERTA DE BARRA SUNT SUNT DATA DELL'ARTE	
Delegioni Piaco of	Rusiness	Mailing Address		-) Aldit Bibit Dibit debit andır roas
Principal Place of Business 1930 E SUNRISE BLVD		1930 E SUNRISE BLVD			
FT LAUDERDALE	E FL 33304	FT LAUDERDALE FL 33304		J. Dato moonperene	Date of Last Report
				01/26/1990 4. FEI Number	03/07/1995 Applied For
2. Principal Place	e of Business	2a. Mailing Address		65-0198677	Not Applicable
Suite, Apt. #,	etc	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	bie tax under sili 199.052, lo
24	9. Name and Address of Currer	29 3	<u> </u>	10. Name and Address of New Registe	
	9. Name and Address of Conter	Triegiosis	81 Name		
BATTS, N	ORLIZA		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1906 E O	AKLAND PK BLVD		83		
FT LAUDE	erdale fl 33306		84 City		85 Zip Code
					FL of the registered office
11. Pursuant to	the provisions of Sections 607,050	2 and 607.1508. Florida Statutes,	the above named corporation's boa	vation submits this statement for the purpose $lpha$ of directors. I horeby accept the appointment	ent as registered agent. Lani
or registere familiar witt	id agent, or both, in the State of Fici i, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.	,		
SIGNATURE	sq. June Appeal or protect round intergrational argu-	of any force flaps in after the offer. (Tw. CFF)	Rage taxon Agent signature recen		IATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	☐ DELETE	1 1 TITLE		
NAME	CHANAVORACHAI, PAUL		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	3335 SW 2ND CT		1.4 City - ST - ZiP		
CITY-ST-ZIP	DEERFIELD BCH FL	[] DELETE	2 1 TITLE		Change Addition
TITLE	D KOMOLSANE, SIRILUK		2.2 NAME		
NAME STREET ADDRESS	3031 N. OCEAN BLVD #14	06	2 3 STREET ADORESS		
DITY-ST-7/P	FT. LAUDERDALE FL		2 4 CITY - ST - ZIP		Change Addition
THLE		☐ DELETE	3 1 1111.6		_
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 City - S1 - ZiP		
CITY-ST-ZIP		DELETE	4 1 TITLE		Change Addition
TITLE NAME			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
		□ DELE1€	44 CHY-ST-7IP		Change Addition
CITY ST ZP		1 1111111	5 1 1IfLE		
CITY - ST - ZIP TITLE		L) breen			
		<u> Приси</u>	5.2 NAME		
TITLE		_ occor			☐ Change ☐ Addition

6.0 STY-ST-ZP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 chapted, or on an attrichment with an address.

SIGNATURE:

SIGNATURE

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

6 1 THE

6.2 NAME

63 STHEET ADDRESS

TITLE

NAME

DELETE