

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N17157 (1)

1. Corporation Name

THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

15200 SW 240TH ST  
MIAMI FL 33032

15200 SW 240TH ST  
MIAMI FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1986

3a. Date of Last Report

08/19/1994

4. FEI Number

59-2808521

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNGVICHIAN, VCHATE DR.  
6495 PONDAPPLE ROAD  
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CHUAINDHARA, RANGSAN  
STREET ADDRESS 19230 ORTHWEST 87TH PLACE  
CITY - ST - ZIP MIAMI FL

1.1 TITLE PD  
1.2 NAME CHUAINDHARA, RANGSAN  
1.3 STREET ADDRESS 19230 NORTHWEST 87TH PLACE  
1.4 CITY - ST - ZIP MIAMI, FL

☐ Change ☐ Addition

TITLE V  
NAME POOCHAREON, NOOPORN  
STREET ADDRESS 9475 SOUTHWEST 69TH AVENUE  
CITY - ST - ZIP MIAMI FL

2.1 TITLE V  
2.2 NAME POOCHAREON, NOOPORN  
2.3 STREET ADDRESS 9475 SOUTHWEST 69TH AVENUE  
2.4 CITY - ST - ZIP MIAMI, FL

☐ Change ☐ Addition

TITLE SD  
NAME CHUAINDHARA, ATCHANA  
STREET ADDRESS 14886 SOUTHWEST 40TH COURT  
CITY - ST - ZIP MIRAMAR FL

3.1 TITLE SD  
3.2 NAME CHUAINDHARA, ATCHANA  
3.3 STREET ADDRESS 14886 SOUTHWEST 40th COURT  
3.4 CITY - ST - ZIP MIRAMAR, FL

☒ Change ☐ Addition

TITLE T  
NAME PHADUNG PUND, PRAPASRI  
STREET ADDRESS 2070 ALCAZAR DRIVE  
CITY - ST - ZIP MIRAMAR FL

4.1 TITLE T  
4.2 NAME SEWACHUEN STOCKS  
4.3 STREET ADDRESS 860 N. VENETIAN DR.  
4.4 CITY - ST - ZIP MIAMI, FL 33139-1013

☒ Change ☐ Addition

TITLE D  
NAME KUNADDA NEDTRANON  
STREET ADDRESS 13740 SOUTHWEST 73RD AVENUE  
CITY - ST - ZIP MIAMI FL

5.1 TITLE SD  
5.2 NAME KUNADDA NEDTRANON  
5.3 STREET ADDRESS 13740 SOUTHWEST 73RD AVENUE  
5.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE D  
NAME KHANYA MOOLSIRI  
STREET ADDRESS 12112 LYMESTONE WAY  
CITY - ST - ZIP COOPER CITY FL

6.1 TITLE D  
6.2 NAME KHANYA, MOOLSIRI  
6.3 STREET ADDRESS 12112 LYMESTONE WAY  
6.4 CITY - ST - ZIP COOPER CITY, FL

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sewachuen Stocks*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

(SEWACHUEN STOCKS) 4/18/95

305-530-4426