

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17157** (1)

1. Corporation Name

**THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INCO
RPORATED**



Principal Place of Business	Mailing Address
15200 SW 240TH ST MIAMI FL 33032	12112 LYMESTONE WAY COOPER CITY FL 33026-1012

3. Date Incorporated or Qualified 10/07/1986	3a. Date of Last Report 12/16/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2808521	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNGVICHIAN, VICHATE DR.
6485 PONDAPPLE ROAD
BOCA RATON FL 33433**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUAINDHARA, RANGSAN	1.2 NAME	MOOLSIRI, KHANYA
STREET ADDRESS	19230 ORTHWEST 87TH PLACE	1.3 STREET ADDRESS	12112 Lymestone Way
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOCHAREON, NOOPORN	2.2 NAME	
STREET ADDRESS	9475 SOUTHWEST 69TH AENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUAINDHARA, ATCHANA	3.2 NAME	
STREET ADDRESS	14886 SOUTHWEST 40TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWACHUEN, STOCKS	4.2 NAME	
STREET ADDRESS	880 N. VENETIAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNADDA NEDTRANON	5.2 NAME	
STREET ADDRESS	19740 SOUTHWEST 73RD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANYA, MOOLSIRI	6.2 NAME	CHUAINDHARA, RANGSAN
STREET ADDRESS	12112 LYMESTONE WAY	6.3 STREET ADDRESS	19230 NW 87th Place
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	Miami, FL 33015

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)