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

1995 APR 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N17234 (8)

1. Corporation Name
WAT LAO MIXAYARAM, INC.

Principal Place of Business	Mailing Address
[redacted] STREET NORTH ST. PETERSBURG FL 33714-3504	4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 03/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

9. Name and Address of Current Registered Agent

KOMANY, BOUNMA
2553 34TH AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: MATMANIVONG THOTSAKANH
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 4300 43RD STREET NORTH
84 City: ST. PETERSBURG FL 85 Zip Code: 33714

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: Thotsakanh Matmanivong — President — 02/27/95
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	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	KOMANY, BOUNMA	12 NAME	THOTSAKANH MATMANIVONG
STREET ADDRESS	2553 34 AVE. N.	13 STREET ADDRESS	4300 43RD STREET NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33713	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	VORASANE, KALINH	22 NAME	KHAMPHET VONGKORAD
STREET ADDRESS	2585 33 AVE. N.	23 STREET ADDRESS	4300 43RD STREET NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33713	24 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DV	31 TITLE	DV. ☒ Change ☐ Addition
NAME	CHITARATH, DAVID	32 NAME	NAMMAKOTH SOUTHAI
STREET ADDRESS	3838 15 AVE. S.E	33 STREET ADDRESS	4300 43RD STREET NO
CITY-ST-ZIP	LARGO FL 34641	34 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DT	41 TITLE	DT ☒ Change ☐ Addition
NAME	VIXAYARATH, OUNHEUNE	42 NAME	LOVAN HOUNG
STREET ADDRESS	5188 46TH ST. NO	43 STREET ADDRESS	3100 32ND AVE NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33714	44 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	DS	51 TITLE	D.V.T. ☒ Change ☐ Addition
NAME	SIBOUNLITH, THONE	52 NAME	PHOMMAVONG SANGTHONG
STREET ADDRESS	2585 33 AVE. NO.	53 STREET ADDRESS	5245 ROBIN LANE NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33713	54 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	DC	61 TITLE	D.S. ☐ Change ☐ Addition
NAME	SILIPHOUNSAVATH, NOUMAY	62 NAME	DETHSADA KHAMPHET
STREET ADDRESS	4300 43 ST. NO.	63 STREET ADDRESS	4724 39TH AVE NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33714	64 CITY-ST-ZIP	ST. PETERSBURG, FL 33714

THRU 4/27/95

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: Khamphet Vongkorad, Vice President in charge. 02-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone