## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

DOCUMENT # N17234

(8)

WAT LAO MIXAIYARAM, INC.

77711								
Principal Place of Business		Mailing Address			I (William Mal (that Innin 1/800 vilet	#1#1 #1#11 #2#21 #1#18 #	91831 81814 81811 1881	
4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504		4300 43RD STREET NORTH St. Petersburg FL 33714-3504			<b>600001834236</b> -05/22/9601033012			
					3. Dat <b>#蛛緣最</b> @gt@ <b>[</b> ]br Qualified 10/09/1986	3a. Date of L	ast Report <b>7/1995</b>	
<del></del>	ace of Business	2a. Mailing Address		4	NOT APPLICABLE	<u> </u>	Applied For	4
Suite, Apt. #	H ptc	Suite, Apt. #, etc.			HOT ALL FIGURE	\	.75 Additional	-{
22		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State			Election Campaign Financing	5.00 May Be		1
23		28			Trust Fund Contribution Added to Fees			-
Zip 24	Country Zip Country 29 30		Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ☑ Yes □ No			
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name KH					IAMPHET VONGKORAD			
					ess (P.O. Box Number is Not Acceptable)			
4300 43F	00							
ST. PETE	1 1		0 43RD STREE	TNORTH	<del></del>			
4			84 City 2	1T- P	ETERSBURG	FL  85	Zig C30914	
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,						<u>,                                    </u>
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 accompline obligations of Section 647.0503, Florida Statutes!								
SIGNATURE _		Will Kin	authr 1 or	v-g/K	orac off	X1/96		
	Signature, typed or printed name of registered agent a		Registered Agent signature r	equired when	reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTODE IN 10	<u>જ</u>
12.	OFFICERS AND	DIRECTORS NOT DELETE	13.	, Dei	ESIDENT	CERS AND DIREC		- 2
TITLE	DP Matmanivong, Thotsakani	• •	1.2 NAME	KH.	AMPHET VONGKOR	AD	igo [] Addition	CR2E037 (12/95)
NAME STREET ADORESS	4300 43RD STREET NORTH	11	1.3 STREET ADDRESS	430	20-43RD STREET	NORTH		ြု
CITY-ST-ZIP	ST. PETERSBURG FL 33714		1.4 CITY-ST-ZIP	ST.	PETERSBURGIFL	- 33714		127
TITLE	DV	DELETE	2.1 TITLE	Vii	E PRESIDEUT	Chan	nge 🔲 Addition	ᄀᄗ
NAME	KHAMPHAT, VONGKORAD	•	2.2 NAME	1			/	
STREET ADDRESS	4300 43RD STREET NORTH		2.3 STREET ADDRESS	200	u vorasane s_rstm.av.no,	ST. TATE	: +k.	ļ
CITY-ST-ZIP	ST. PETERSBURG FL 33714	<b>X</b> IDELETE	2. 4 CITY - ST - ZIP	7/25	E PRESIDENT	237/5 DYChan	nge 🗍 Addition	_
TITLE	DV	Morrese	3.1 TITLE 3.2 NAME	V/C	E PKRIDOU	, agonini	ige [] Addition	
NAME STREET ADDRESS	NAMMAKOTH, SOUTHAI 4300 43RD STREET NORTH		3.3 STREET ADDRESS	XXX	1-80TH ST NO	).		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		3.4. CITY - ST - ZIP	199	PLTG. FL. 857	09.		
TITLE	DT	DELETE	4.1 TITLE	TRE	ASURER	(X) Chan	nge 🔲 Addition	7
NAME	LOVAN, HOUNE	^,	4. 2 NAME		IGTHONG PHOMMA	vong		
STREET ADDRESS	3100 32ND AVE. NO.		4.3 STREET ADDRESS		45 ROBIN LANE	001111		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	- December	4.4 CITY+ST+ZIP		PETERSBURG FL	33114 □ Char	nge 🗍 Addition	_
TITLE	DVT	. DELETE	5.1 TITLE 5.2 NAME		RETARY IMPHET DETSADA	. —	ige LI Addition	
NAME	PHOMMAVONG, SANGTHONE		5.3 STREET ADDRESS	472	LA 58TH AVE. N	IORTH		
STREET ADDRESS CITY-ST-ZIP	5245 ROBIN LANE NO. ST. PETERSBURG FL 33714		5.3 STREET ADDRESS	-		-		
TITLE	DS	DELETE	61 TITLE	KHA	AMPHANH INSOUT	△ X Char	nge 🔲 Additioo	
NAME	DETHSADA, KHAMPHET	- Arriva	62 NAME	525	5-101ST AVE NO	ORTH	7	
STREET ADDRESS	4724 58TH AVE. NO.	pulled to the second	6.3 STREET ADDRESS	128AC	ISTANT TREASURER	ζ '	15.1	
CITY-ST-7IP	ST. PETERSBURG FL 33714	,	6.4 CITY- ST- ZIP	PINI	ELLAS PARK, FL	34666		
and's Alami	y certify that the information supplied w	ial ranad ar ausalamantal <b>ana</b> ua	I roport is trus and as	ocurata an	na that my clanature chall have the	same legal effect .	as it made linder	
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 a 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 attaching it with an address.								

Daytime Phone ₱