

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17234 (8)
1. Corporation Name
WAT LAO MIXAYARAM, INC.



Principal Place of Business 4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504	Mailing Address 4300 43RD STREET NORTH ST. PETERSBURG FL 33714-3504
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 10/09/1986	4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent KHAMPHET VONGKORAD 4300 43RD STREET NORTH ST. PETERSBURG FL 33714	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KHAMPHET, VONGKORAD	1.2 NAME	
STREET ADDRESS	4300 43RD STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KENMANIVONG, THONGDAM	2.2 NAME	
STREET ADDRESS	3121 UNION ST. NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	INSOUTA, KHAMPHANH	3.2 NAME	
STREET ADDRESS	5255 101ST AVE. NO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHANTHANASINH, VILAYVANH	4.2 NAME	
STREET ADDRESS	3024 22ND ST. NO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	4.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RASSASOMBATH, BOUNTHAVY	5.2 NAME	
STREET ADDRESS	4958 39TH AVE. NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	5.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHANTHALIMY, KHONSAVANH	6.2 NAME	
STREET ADDRESS	2832 43RD ST. NO.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *KHAMPHET VONGKORAD*

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