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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17234					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/09/1986 4. FEI Number 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	
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 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 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 P ☒ DELETE NAME KHAMPHET, VONGKORAD STREET ADDRESS 4300 43RD STREET NORTH CITY-ST-ZIP ST. PETERSBURG FL 33714			1.1 TITLE P ☒ Change ☐ Addition 1.2 NAME Phommavong, Sangthong 1.3 STREET ADDRESS 5245 Robin Lane North 1.4 CITY-ST-ZIP St. Petersburg, FL 33714		
TITLE V ☐ DELETE NAME KENMANIVONG, THONGDAM STREET ADDRESS 3121 UNION ST. NO. CITY-ST-ZIP ST. PETERSBURG FL 33713			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S ☒ DELETE NAME INSOUTA, KHAMPHANH STREET ADDRESS 5255 101ST AVE. NO. CITY-ST-ZIP PINELLAS PARK FL 33782			3.1 TITLE S ☒ Change ☐ Addition 3.2 NAME Rajsavong, Khamphanh 3.3 STREET ADDRESS 5255 101st Avenue North 3.4 CITY-ST-ZIP Pinellas Park, FL 33782		
TITLE T ☒ DELETE NAME CHANTHANASINH, VILAYVANH STREET ADDRESS 3024 22ND ST. NO. CITY-ST-ZIP ST. PETERSBURG FL 33713			4.1 TITLE T ☒ Change ☐ Addition 4.2 NAME Insouta, Khamphanh 4.3 STREET ADDRESS 5255 101st Avenue North 4.4 CITY-ST-ZIP Pinellas Park, FL 33782		
TITLE VT ☒ DELETE NAME RASSASOMBATH, BOUNTHAVY STREET ADDRESS 4958 39TH AVE. NO. CITY-ST-ZIP ST. PETERSBURG FL 33709			5.1 TITLE VT ☒ Change ☐ Addition 5.2 NAME Sayasane, Savang 5.3 STREET ADDRESS 9920 53rd Lane North 5.4 CITY-ST-ZIP Pinellas Park, FL 33782		
TITLE VT ☒ DELETE NAME CHANTHALIMY, KHONSAVANH STREET ADDRESS 2632 43RD ST. NO. CITY-ST-ZIP ST. PETERSBURG FL 33713			6.1 TITLE VT ☒ Change ☐ Addition 6.2 NAME Sysamouth, Phoy 6.3 STREET ADDRESS 8836 52nd Street North 6.4 CITY-ST-ZIP Pinellas Park, FL 33782		

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-20-99

Daytime Phone #

CR2E037 (11/98)