# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46347** **(3)**

1. Corporation Name

**LAO-AMERICAN ASSOCIATION OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 13234 S.W. 255TH TERR.<br>MIAMI, FL 33032 | 13234 S.W. 255TH TERR.<br>MIAMI, FL 33032 |

3. Date Incorporated or Qualified: 12/05/1991

3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21 25700 SW 133 AVE
Suite, Apt. #, etc.
22 —
City & State
23 HOMESTEAD, FL
Zip 24 33032 Country 25

2a. Mailing Address
26 25700 SW 133 AVE
Suite, Apt. #, etc.
27 —
City & State
28 HOMESTEAD, FL
Zip 29 33032 Country 30

4. FEI Number: 65-0363304 ☒ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

INTHANAM, SAYASINH
13234 S.W. 255 TERRACE
MIAMI, FL 33032

**10. Name and Address of New Registered Agent**

81 Name: BOUNCHAREUNE, SOMJIT
82 Street Address (P.O. Box Number is Not Acceptable): 25700 SW 133 AVE
83
84 City: HOMESTEAD, FL 85 Zip Code: 33032

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: Somjit Bounchareune (DP) SOMJIT BOUNCHAREUNE 3-26-96
Signature, title 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>INTHANAM, SAYASINH<br>13234 SW 255 TERR.<br>PRINCETON FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>BOUNCHAREUNE, SOMJIT<br>25700 SW 133 AVE<br>HOMESTEAD, FL 33032 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>BARNES, WES<br>165 NW 147TH ST.<br>MIAMI FL 33168 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DV<br>SOUPHANTHAVONG, DETH<br>17775 SW 272 ST<br>HOMSTEAD, FL 33031 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>CHITTAKONE, BOUAPHIT<br>1932 TINDARO DR.<br>APOPKA FL 32703 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DV<br>INTHANAM, CHANSOUK<br>13234 SW 255TRR<br>HOMESTEAD, FL 33032 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SIPHOM,, KOM<br>8200 SW 124TH ST., LOT #90<br>MIAMI FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | DS<br>VONGKHAMPHRA, DON<br>13595 SW 260 ST<br>HOMESTEAD, FL 33032 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>PHETBANDITH, RITSAMAY<br>16057 E. TRAFALGAR DR.<br>LOXAHATCHEE FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | DT<br>INTHANAM, NO<br>19841 SW 117 CT<br>CUTLER RIDGE, FL 33177 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>INTHANAM, NO<br>19841 SW 117TH CT.<br>CUTLER RIDGE FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | MT<br>OUPASENE, SAMAY<br>12601 SW228 ST<br>MIAMI, FL 33170 | ☒ Change ☐ Addition |

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:** Somjit Bounchareune (DP) 03/26/96 (305) 258 8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Somjit BOUNCHAREUNE

CR2E037 (12/95)