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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
25700 SW 133 AVE HOMESTEAD FL 33032 US	25700 SW 133 AVE HOMESTEAD FL 33032-6835 US

3. Date Incorporated or Qualified: **12/05/1991**
3a. Date of Last Report: **03/28/1996**

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

BOUNCHAREUNE, SOMJIT
25700 SW 133 AVE
HOMESTEAD FL 33032

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOUNCHAREUNE, SOMJIT		1.2 NAME		
STREET ADDRESS	25700 SW 133 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOUPHANTHAVONG, DETH		2.2 NAME		
STREET ADDRESS	17775 SW 272 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMSTEAD FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	INTHANAM, CHANSOUK		3.2 NAME		
STREET ADDRESS	13234 SW 255STT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIPHOM,, KOM		4.2 NAME		
STREET ADDRESS	8200 SW 124TH ST., LOT #90		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	INTHANAM, NO		5.2 NAME		
STREET ADDRESS	19541 SW 117 CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	CUTLER RIDGE FL		5.4 CITY-ST-ZIP		
TITLE	MT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OUPASENE, SAMAY		6.2 NAME		
STREET ADDRESS	12601 SW 228 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Somjit Bounchareune 5-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024170