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May 01 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 # **N46347** (3)
1. Corporation Name

LAO-AMERICAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business 25700 SW 133 AVE HOMESTEAD FL 33032 US	Mailing Address 25700 SW 133 AVE HOMESTEAD FL 33032 US
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3. Date Incorporated or Qualified

12/05/1991

4. FEI Number

65-0363304

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**BOUNCHAREUNE, SOMJIT
25700 SW 133 AVE
HOMESTEAD FL 33032**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	DP
NAME	BOUNCHAREUNE, SOMJIT
STREET ADDRESS	25700 SW 133 AVE
CITY-ST-ZIP	HOMESTEAD FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DV
NAME	SOUPHANTHAVONG, DETH
STREET ADDRESS	17775 SW 272 ST
CITY-ST-ZIP	HOMESTEAD FL

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	DV
NAME	INTHANAM, CHANSOUK
STREET ADDRESS	13234 SW 255STT
CITY-ST-ZIP	HOMESTEAD FL

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	DT
NAME	INTHANAM, NO
STREET ADDRESS	18541 SW 117 CT
CITY-ST-ZIP	CUTLER RIDGE FL

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	MT
NAME	OU PASENE, SAMAY
STREET ADDRESS	12601 SW 228 ST
CITY-ST-ZIP	MIAMI FL

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Somjit Bounchareune* **SOMJIT BOUNCHAREUNE** 4/17/98 (305) 285 8129

CR2E037 (10/97)