FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90040 023 ****61.25

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DOCUMENT # N46347

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 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

4. FEI Number: 65-0363304 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	INTHANAM, NO		4.2 NAME	
STREET ADDRESS	19541 SW 117 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	CUTLER RIDGE FL		4.4 CITY-ST-ZIP	
TITLE	MT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OUPASENE, SAMAY		5.2 NAME	
STREET ADDRESS	12601 SW 228 ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Somjit Bounchareune SOMJIT BOUNCHAREUNE REQUIRED 5.5.99 (305)2588129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #