SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N95000003371 (0) **DOCUMENT #** BURMESE BUDDHIST ASSOCIATION OF FLORIDA, INC. Mailing Address Principal Place of Business 136 PINE HILLS ROAD 136 PINE HILLS ROAD ORLANDO FL 32811 ORLANDO FL 32811 3a. Date of Last Report 3. Date Incorporated or Qualified 07/12/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHIN, MAUNG N 82 136 PINE HILLS ROAD 83 ORLÁNDO FL 32811 Zip Code 85 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE KYAW, KO 1.2 NAME NAME 2264 IPSDEN ST. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME KIN. U NAME 11779 CUXHAM CT 23 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 2.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE D 3.1 TITLE TITLE 00, KO KO 3.2 NAME NAME 4864 WALDEN CIRCLE APT 411 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition Channe DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 certify, 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.

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADORESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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