

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 02 1997 8:00am  
Secretary of State

DOCUMENT # N96000002751 (3)

1. Corporation Name

WAT PRA-KEO, INC.

Principal Place of Business

Mailing Address

404 BAY BERRY DR.  
LAKE PARK FL 33403

404 BAY BERRY DR.  
LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0673066

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 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

NACHAMPASSAK, CHAO-VIENG  
404 BAY BERRY DRIVE  
LAKE PARK FL 33403

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE  
NAME NACHAMPASSAK, CHAO-VIENG  
STREET ADDRESS 404 BAY BERRY DRIVE  
CITY-ST-ZIP LAKE PARK FL 33403

1.1 TITLE PRESIDENT, TREASURER ☒ Change ☐ Addition  
1.2 NAME Director  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME THANSAMAI, WALAIORN  
STREET ADDRESS 404 BAY BERRY DRIVE  
CITY-ST-ZIP LAKE PARK FL 33403

2.1 TITLE SECRETARY, Director ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BRIAN, EDWARD  
STREET ADDRESS 404 BAY BERRY DRIVE  
CITY-ST-ZIP LAKE PARK FL 33403

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE (D) ☐ Change ☒ Addition  
4.2 NAME MRS: KHAMKHAY NACHAMPASSAK  
4.3 STREET ADDRESS 404 BAY BERRY DR LAKE PARK  
4.4 CITY-ST-ZIP FL 33403

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE: [Signature]

8/25/97 (561) 844-8941

CR2E037 (4/97)