

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P36621

(1)

1. Corporation Name

ANGKOR HOLDINGS CORP.

Principal Place of Business

**THERREL BAISDEN & MEYER, ESQ.
1111 LINCOLN ROAD, SUITE #500
MIAMI BEACH FL 33139**

Mailing Address

**THERREL BAISDEN & MEYER, ESQ.
1111 LINCOLN ROAD, SUITE #500
MIAMI BEACH FL 33139**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROSE, LEO, JR., ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/11/1991

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0292021

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

SHTEREMBERG, PINIE

STREET ADDRESS

9340 STEVENS ROAD

CITY - ST - ZIP

SANTEE CA

TITLE

VCD

NAME

SHTEREMBERG, ANA H.

STREET ADDRESS

9340 STEVENS ROAD

CITY - ST - ZIP

SANTEE CA

TITLE

V

NAME

SHTEREMBERG, ANA H.

STREET ADDRESS

9340 STEVENS ROAD

CITY - ST - ZIP

SANTEE CA

TITLE

PS

NAME

SHTEREMBERG, PINIE

STREET ADDRESS

9340 STEVENS ROAD

CITY - ST - ZIP

SANTEE CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as director, officer, or owner, respectively, with an address.

SIGNATURE:

[Signature]
SIGNATURE AND EXACT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2-2-95 619598-3200
Date (Printed Name)