## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P92000008758 (4)

AMERISIAN GOURMET, INC.

## **FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				f ladinati ita latif uput anuu satut s	
3800 S, OCEAN DR., SUITE G8			9420 RICHMOND CIRCLE					
HOLLYWOOD FL 30019			BOCA RATON FL 33434 US				DO NOT WRITE IN THIS SPACE	
		US					3. Date Incorporated or Qualified	
	•						11/30/1992	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				65-0379002 Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				00.00	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Z(p Country			,	8. This corporation owes or has paid the current year Intangible	
24	25 29		30	30		Personal Property Tax due June 30. 🔲 Yes 📈 No		
	9. Name and Address of Curre		red Agent		1		10. Name and Address of New Registered Agent	
BHI	SITTRAKULPORN, WORACHAI				81	Name		
	O RICHMOND CIR.		89 Stroot			Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33434			82			Suger	Address (F.O. Box Number is not Acceptable)	
ВО	UA RATON FL 33434				83	<del>                                     </del>		
						<u> </u>		
					84	City	FL 85 Zip Code	
44 Durawani t	a the provisions of Sections 607 050	02 and 60	7 1508 Florida State	utes the s	hove	e-named	decrease in a submite this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State	e of Florida	. Such change was	authorize	d by	y the corp	rporation's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept the object	jations of,	Section 607,0505, I	Horida Sta	itutes	S.	4/10/00	
SIGNATURE	Signature Typed or printed name of registered ag		4 BS1 98N7	OTC - Descriptors	od Age	ont mannt m	re reg Med when reinstating) DATE	
	OFFICERS AN			13.		erit ergitatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PTD	Direction	DELETE	1.1 T			☐ Change 🛣 Addition	
NAME	BHISITTRAKULPORN, WORA	CHAL	La vacara		IAME		BHISTTRAKULPORM, RATTANAPORM	
STREET ADDRESS 9420 RICHMOND CIRCLE							AUJO RIGHMOND DIRECE	
							BOGA CATON. FL. 37434	
CITY-ST-ZIP	BOCA RATON FL		DELETE	1.4 CIT DELETE 2.1 TIT		51-ZIP	Change Addition	
TITLE	D DOMESTICATION DODAY COME				AME			
NAME	PHISITTRAKULPORN, SOMC	HAI						
STREET ADDRESS	9420 RICHMOND CIRCLE					ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		DELETE			ST - ZiP	Change Addition	
TITLE			L'1 DELETE	3.1 T			Citalitie	
NAME					AME			
STREET ADDRESS						f Address		
CITY-ST-ZIP					_	ST - ZiP		
TITLE			DELETE	411			Change Addition	
NAME				4 2	NAME			
STREET ADDRESS				4.3 5	TREET	r address		
CITY-ST-ZIP			···		_	ST-ZIP		
TITLE			☐ DELETE	5.11	ITLE		☐ Change ☐ Addition	
NAME				5.21	IAME			
STREET ADDRESS				5.3 \$	STREET	1 ADDRESS		
CITY-ST-ZIP				5.4 (	CITY - S	ST-ZIP		
TITLE			DELETE	6.11	ITLE		☐ Change ☐ Addition	
NAME				6.2 1	IAME.			
STREET ADDRESS				6.3 \$	STREET	T ADDRESS		
CITY-ST-ZIP				6.4 (	CITY-S	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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