

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000012725 (6)

1. Corporation Name  
AMEHAN, INC.



Principal Place of Business

Mailing Address

4723 W. ATLANTIC AVE.  
SUITE 3  
DELRAY BEACH FL 33445  
US

VAWARAT HANVIVATPONG  
5241 JOG LANE  
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified  
02/18/1993

3a. Date of Last Report  
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0514905

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANVIVATPONG, NAWARAT  
5241 JOG LANE  
DELRAY BEACH FL 33484

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 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 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 P  
NAME HANVIVATPONG, NAWARAT  
STREET ADDRESS 5241 JOG LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE V  
NAME ARELLANO, CONSORCIA C  
STREET ADDRESS 5241 JOG LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484  
☒ DELETE

2.1 TITLE VICE PRESIDENT  
2.2 NAME FE HANVIVATPONG  
2.3 STREET ADDRESS 5241 JOG LANE  
2.4 CITY-ST-ZIP Delray Beach, FL 33484  
☐ Change ☒ Addition

TITLE C  
NAME WANG, FRANK  
STREET ADDRESS 6040 VISTA LINDA LANE  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

3.1 TITLE  
3.2 NAME ARELLANO, CONSORCIA C.  
3.3 STREET ADDRESS 5241 JOG LANE  
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33484  
☐ Change ☐ Addition

TITLE D  
NAME HANVIVATPONG, FE  
STREET ADDRESS 5241 JOG LANE  
CITY-ST-ZIP DELRAY BEACH FL  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 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.

SIGNATURE:

*FE HANVIVATPONG*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FE HANVIVATPONG / DIRECTOR

01/16/96 (407)  
Date Daytime Phone #

CR2E034 (12/95)