FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 10 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000059560 (1)**

1. Corporation Name
DALAT CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1431 49TH STREET SOUTH GULFPORT FL 33707	1431 49TH STREET SOUTH GULFPORT FL 33707

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3203756 ☐ 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
SLICKER, WILLIAM D 501 FIRST AVE NORTH SUITE 507 ST PETERSBURG FL 33701	81 Name: KHA H. VO 82 Street Address (P.O. Box Number is Not Acceptable): 83: 2909 GULF TO BAY BLVD. 84 City: CLEARWATER, 85 FL Zip Code: 34619

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] Jan 28, 95
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	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	VO, KHA H	1.2 NAME	VO, KHA H
STREET ADDRESS	3801 20TH STREET N	1.3 STREET ADDRESS	2909 GULF TO BAY BLVD
CITY-ST-ZIP	ST PETERSBURG FL 33714	1.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HUYNH, DEN V	2.2 NAME	
STREET ADDRESS	2334 FIRST AVE NORTH REMOVED	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	T.S. 2/10/95
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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: [signature] Jan 28, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0307808 CP