FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:13

DOCUMENT # P93000069219 (2)

1. Corporation Name

SUKHOTHAI N & P INC.

Principal Place of Business	Mailing Address
8201-A N DALE MABRY HWY TAMPA FL 33614	8201-A N DALE MABRY HWY TAMPA FL 33614

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3207085 — 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

2. Principal Office Address / 2a. Mailing Address — 21, 22, 23, 24, 25 / 26, 27, 28, 29, 30 (blank)

9. Name and Address of Current Registered Agent

NITAYANGKUL, NIYOM
8201-A N DALE MABRY HWY
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A.
83
84 City FL 85

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	NITAYANGKUL, NIYOM
STREET ADDRESS	8201-A N DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D
NAME	NITAYANGKUL, PANSRI
STREET ADDRESS	8201-A N DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (blank)

REMITTED BY MAY 1

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this 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] President 4/21/95 (813-224-2995)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0296460 CP