SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076313 (3)**

1. Corporation Name
P.P.P. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1476 EL PASO AVENUE ORLANDO FL 32806	1476 EL PASO AVENUE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3806 CURRY FORD RD.
Suite, Apt. #, etc. 22:
City & State 23: ORLANDO FL
Zip 24: 32806 Country 25:

2a. Mailing Address
26: 2841 BLIND OWL DR
Suite, Apt. #, etc. 27:
City & State 28: ORLANDO FL
Zip 29: 32822 Country 30:

4. FEI Number: 59-327/933 ☐ 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

WATTANATHORN, CHINOPAS
1476 EL PASO AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

91 Name: Smitasin Charnnarong
92 Street Address (P.O. Box Number is Not Acceptable): 2841 Blind owl DR
93:
94 City: Orlando. FL 95 Zip Code: 32822

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] 8/02/95
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		☑ Change ☐ Addition
NAME	CHAYANGKOOR, YUTTHANA	1.2 NAME	No Longer Director of Corp.	
STREET ADDRESS	6720 PAUL REVERE COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	SMITASIN, CHARNNARONG	2.2 NAME	Smitasin Charnnarong	
STREET ADDRESS	281 BLIND OWL	2.3 STREET ADDRESS	2841 Blind owl DR	
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	Orlando Fl. 32822	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WATTANATHORN, PATRACHOTE	3.2 NAME		
STREET ADDRESS	1476 EL PASO AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
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		

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] 08/02/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012650 CP