FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000081202 (1)

1. Corporation Name

ROYAL ORCHID, INC.

Principal Place of Business
~~PHAITHOON, DITTLAPARN~~ 238-A Eglin Pkwy
FT WALTON BEACH FL 32548
US

Mailing Address
238 N EGLIN PKWY
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: 11/01/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3283569	☐ 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 Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TAECHANVAI, MALEE
238 N EGLIN PKWY
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Anchana Vongsunoramate
82 Street Address (P.O. Box Number is Not Acceptable): ~~4747~~ 238-A Eglin Parkway
83
84 City: Ft. Walton Beach FL 85 Zip Code 32548

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 X [signature] 5-31-96
Signature, typed or printed name of registered agent and title if applicable. DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	TANO, UTHAI	
STREET ADDRESS	905 NORMA CT	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	☒ DELETE
NAME	DITTHAPARN, PHAITOON	
STREET ADDRESS	905 NORMA CT	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	O	☐ Change ☒ Addition
1.2 NAME	Anchana Vongsunoramate	
1.3 STREET ADDRESS	4747 Lynn Road	
1.4 CITY-ST-ZIP	Milton, FL 32583	
2.1 TITLE	O	☐ Change ☒ Addition
2.2 NAME	Vilai Waller	
2.3 STREET ADDRESS	9277 East River Dr.	
2.4 CITY-ST-ZIP	Navarre, FL 32566	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	600001860916	
6.3 STREET ADDRESS	-06/13/96--01015--036	
6.4 CITY-ST-ZIP	***200.00	

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] 5-31-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)