

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000082677 (3)

1. Corporation Name

POI & PAM, INC.

95 JAN 27 AM 9:02

Principal Place of Business

3057 N.E. 15TH TERRACE
OAKLAND PARK FL 33334

Mailing Address

3057 N.E. 15TH TERRACE
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 7849 PINE BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines, FL

24 Zip 33024

25 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0534999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FILINGS INC.
3732 N.W. 18TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

SUWANEE YUTHASUNTHORN

82 Street Address (P.O. Box Number is Not Acceptable)

3057 NE 15 TERR

83

84 City

OAKLAND PARK

FL

85 Zip Code

33334

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

Suwanee Yuthasunthorn

(NOTE: Registered Agent signature required when reappointing)

DATE

1-20-95

12. OFFICERS AND DIRECTORS

TITLE D
NAME WUTYHASUNTHORN, LURSUK
STREET ADDRESS 3057 N.E. 15TH TERRACE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PREST DIRECTOR ☒ Change ☐ Addition

1.2 NAME SUWANEE YUTHASUNTHORN

1.3 STREET ADDRESS 3057 NE 15 TERR

1.4 CITY-ST-ZIP OAKLAND PARK, FL 33334

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

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 110.07(9)(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:

Suwanee Yuthasunthorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

1-20-95