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 # P95000056471 (2)

1. Corporation Name
BOW THAI RESTAURANT, INC.

Principal Place of Business	Mailing Address
10714 ROYAL PALM BLVD. CORAL SPRINGS FL 33065	10714 ROYAL PALM BLVD. CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 07/20/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 7950 WEST SAMPLE RD
Suite, Apt. #, etc. 22
City & State 23 CORAL SPRINGS, FL
Zip 24 33065 Country 25 U.S.A.

2a. Mailing Address: 26 12184 WEST SAMPLE Rd.
Suite, Apt. #, etc. 27
City & State 28 CORAL SPRINGS, FL
Zip 29 33065 Country 30

4. FEI Number: 65-0597807 ☐ 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

SUCHARITCHANT, SKUL
10714 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: SUCHARITCHANT, SKUL
82 Street Address (P.O. Box Number is Not Acceptable): 12184 WEST SAMPLE ROAD
83
84 City: CORAL SPRINGS, FL FL 85 Zip Code 33065

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SUCHARITCHANT, SKUL	
STREET ADDRESS	10714 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	☒ DELETE
NAME	~~SANGPUKDEE, SIMON~~	
STREET ADDRESS	~~10714 ROYAL PALM BLVD.~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33065~~	
TITLE	D	☒ DELETE
NAME	~~SANGPUKDEE, ORNKASEM~~	
STREET ADDRESS	~~10714 ROYAL PALM BLVD.~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33065~~	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ROSELI SUCHARITCHANT	☐ Change ☒ Addition
2.2 NAME	(VICE PRESIDENT)	
2.3 STREET ADDRESS	12184 WEST SAMPLE ROAD	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE	(TREASURER)	☐ Change ☒ Addition
3.2 NAME	AMANDA SUCHARITCHANT	
3.3 STREET ADDRESS	12184 WEST SAMPLE ROAD	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001817387 -05/13/96--01006--004 ***208.75	☐ 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	5.1	

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: (X) [signature] SKUL SUCHARITCHANT PRESIDENT — 3/13/96 — (954) 796-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)