FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



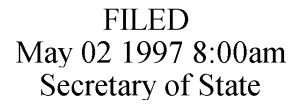
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000042909 (7) XAYA CORPORATION





Principal Place of Business		Mailing Address							
8402 SANDY OF ORLANDO FL 3		6402 SANDY OAKS LANE ORLANDO FL 32808-6618							
					3. Date Incorporated or Qualified 05/13/1996	3a. Dai	te of Last f	Report	7
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		TA	Applied For	7
21		26		59 3386943 Not Applicable			3		
Suite, Apt.	#, etc.	Suite, Apt. #, etc	.		6. Certificate of Status Desired			Additional Required	
City & State	7	City & State			6. Election Campaign Financing			May Be	1
23		28	Country	w. u.a	Trust Fund Contribution			to Fees	+
Z(p)	Country 25	├-¬ ' ├-¬ '				on has liability for intangible tax under s. 199.032, les No			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered A	gent		٦
XAY	AVONG, VONGSACK		81	Name					٦
	SANDY OAKS LANE		82	Street Add	Iress (P.O. Box Number is Not Acceptat	ale)		,	\dashv
	ANDO FL 32809			Off Oot Mad	roas (1 .O. box Humber is Not Acceptar	710)			1
			83						7
			84	City			85 Zip	Code	\dashv
				<u> </u>		FL			╛
office or n agent Tail	to the provisions of Sections bur egistered agent, or both, in the S m familiar with and accept the o	tate of Florida Such change bligations of Section 607.050	was authorized by 05, Florida Statutes	the corpora s.	poration submits this statement for the patients board of directors. I hereby acception's board of directors are the patients and the patients are particular to the patients are patients are patients are patients are patients are particular to the patients are p	ot the appo	onanging pintment as	s registered	
SIGIAMIONE	Signature, type d'or printed name of registore	d agent and tille if applicable	(NOTE Registered Age	nt signature requ	ired when reinstating)	DATE			Ţ
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
T-TLE	Presider	DELET	E 1,1 TALE				Change	Addition	ا ا
NAME	VONG SACK XA	NA VONO	1.2 NAME						
STREET ADDRESS	6402 Sandy o	CLK 3 LIND	1.3 STREET	ADDRESS					ĺ
ČITY+ST+ZIF	ORLANDO, F	7 23804	1.4 CITY-S	T-21P	***************************************	<u> </u>			_[8
TITLE	VICE pres	ident DELET	E 2.1 TITLE				L Change	Addition) [
NAMi	VICE PYES DAOMONHX	AYAVONG	2.2 NAME						Ì
STREET ADDRESS	BUOZ Sanov	DOK LANG	2.3 STREET	ADDRESS	*				
CHY-ST-ZIP	ORLANDO, I		2.4 CITY-5	ST-ZIP					
7171.6		L_] DELET	E 31 TITLE		-		L Change	L Addition	١
NAME			32 NAME					•	
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY - ST - ZIP			3.4. CITY - 8	ST-ZIP					_
TILLE		☐ DELET	1			•	Change	L Addition	۱
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CHY-51-20°			4.4 CITY - S	T - ZIP					╛
70116		☐ DELET	E 5.1 TITLE				L Change	Addition	۱
NAME			5.2 NAME	ļ	·				-
STHEFT ADDRESS			5.8 STREET	ADDRESS					
City - St - 74P			54 CITY-S	T - ZIP					╛
TITLE		☐ DELET	E 6.1 TITLE				☐ Change	Addition	١
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	address					1
CITY - S1 - ZIP			6.4 CITY - S						
14. I do heret	by certify that the information sup	plied with this filling does not	qualify for the exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	it the	

rue and accurate and that my signature shall have the same legal effect as if made under oath; that bred to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block 13