

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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049255 (8)

1. Corporation Name

AMPA ENTERPRISES, INC.

Principal Place of Business

4933 SANDLAKE ROAD
ORLANDO FL 32819

Mailing Address

4933 SANDLAKE ROAD
ORLANDO FL 32819-9527



3. Date Incorporated or Qualified

06/07/1996

3a. Date of Last Report

06/07/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

593382476

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

SUKKASEM, BUSANEE
6111 LOST TREE CT.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name Busanee S. Dominguez
82 Street Address (P.O. Box Number is Not Acceptable)
4208 Big Valley Blvd
83
84 City Kissimmee FL 85 Zip Code 34746

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 Busanee S. Dominguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/13/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME AMPA, SUCHITRA
STREET ADDRESS 6111 LOST TREE CT.
CITY-ST-ZIP ORLANDO FL 32808

TITLE VP
NAME EDWIN F AMPA
STREET ADDRESS 4208 Big Valley Blvd
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE SIT
NAME NORAMINDA AMPA
STREET ADDRESS 4208 Big Valley Blvd
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)

June 13, 1997

To whom it may concern,

I have been advised to write to you and let you know that the annual report was not delivered to my adress until this late date. In which I then notified the state to which an employee at the Tallahasee offices told me that if a letter was received explaining the mailing of the letter had not been delivered to the correct mailing address the penalty would be waived. I hope this letter is suffient for our situation as far explanations go. Thank you and I am hoping that this will clear matters up.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Suchittra Ampa', written in dark ink.

Suchittra Ampa