

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

FILED

**Jun 06 1997 8:00am
Secretary of State**

**CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000062710
1. Corporation Name
Sam Sahai, Inc.

Principal Place of Business: **1300 E. Bay Dr. Largo, FL 34641**
Mailing Address: **19941 GULF BOULEVARD #E INDIAN SHORES FL 33785-2447**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3b. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	7/25/96			
22. City & State		27. City & State		4. FEI Number		Applied For	
23. Zip		28. Zip		59-3389592		Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
27		32		<input type="checkbox"/>		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
29		34		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HASTINGS, DAVID C 19941 GULF BOULEVARD #E INDIAN SHORES FL 34695				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 33785			

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D. MONGKOL CHARUNGSINSAP	<input checked="" type="checkbox"/> Additio	
NAME	Pansella, Sanong			1.2 NAME			
STREET ADDRESS	1300 E Bay Dr.			1.3 STREET ADDRESS	1300 E. BAY Dr		
CITY-ST-ZIP	Largo, FL 33771			1.4 CITY-ST-ZIP	Largo, FL 33771		
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE		Change	<input type="checkbox"/> Additio
NAME	Pudsoe, Thawil			2.2 NAME			
STREET ADDRESS	1300 E Bay Dr.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Largo, FL 33771			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		Change	<input type="checkbox"/> Additio
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		Change	<input type="checkbox"/> Additio
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		Change	<input type="checkbox"/> Additio
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	300002209593	Change	<input type="checkbox"/> Additio
NAME				6.2 NAME	-06/11/97--01125--017		
STREET ADDRESS				6.3 STREET ADDRESS	***165.00		
CITY-ST-ZIP				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; 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.

Handwritten signature and date: 6/6/97