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May 06 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 # 96000066694
1. Corporation Name
ANGKOR APPAREL CORPORATION

Principal Place of Business Mailing Address
ANGKOR APPAREL CORPORATION
944 SW BAYSHORE BLVD
Pc St Lucie, FL 34983

3. Date Incorporated or Qualified AUG 9, 1996 3a. Date of Last Report N/A

| | | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 944 SW BAYSHORE BLVD Suite, Apt. #, etc. | 2a. Mailing Address 26 650 SW BITTORN ST Suite, Apt. #, etc. | 4. FEI Number 65-0687763 | Applied For Not Applicable |
| 22 City & State Pc St Lucie, FL | 27 City & State PALM CITY, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip 34983 | 28 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 St Lucie | 29 34990 | 30 MARTIN | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| |
|----------------------------------------------------------------------------|
| 81 Name RICHARD C. ROBBINS |
| 82 Street Address (P.O. Box Number is Not Acceptable) 650 SW BITTORN ST |
| 83 |
| 84 City PALM CITY FL 85 Zip Code 34990 |

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 Richard C. Robbins Richard C. ROBBINS DATE 4/25/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE PRES | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RICHARD C. ROBBINS | | 1.2 NAME | |
| STREET ADDRESS 650 SW BITTORN ST | | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP PALM CITY, FL 34990 | | 1.4 CITY- ST- ZIP | |
| TITLE VICE PRES | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME THAM, LIM | | 2.2 NAME | |
| STREET ADDRESS 1125 PRUSTON LN | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP Pc St Lucie, FL 34983 | | 2.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

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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 is stated 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: Richard C. Robbins Richard C. ROBBINS DATE 4/25/97 878-5846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)