

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 \$165.00

FILED

Jun 02 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 # <u>PA60000084380</u>			
1. Corporation Name CHATUPORN REALTY INC.			
Principal Place of Business 3700 34TH ST., SUITE 207 ORLANDO, FL 32805		Mailing Address	
2. Principal Place of Business 21 <u>3700 34TH STREET</u> Suite, Apt. #, etc. 22 <u>SUITE 207</u> City & State 23 <u>ORLANDO, FL</u> Zip Country 24 <u>32805</u> 25 <u>U.S.A.</u>		2a. Mailing Address 26 <u>3700 34TH STREET</u> Suite, Apt. #, etc. 27 <u>SUITE 207</u> City & State 28 <u>ORLANDO, FL</u> Zip Country 29 <u>32805</u> 30 <u>U.S.A.</u>	
9. Name and Address of Current Registered Agent MARIO A. GARCIA 225 E. ROBINSON ST., SUITE 540 ORLANDO, FL 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <u>MARIO A. GARCIA, ESQ.</u> <u>5/25/97</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>DIRECTOR</u> ☐ DELETE NAME <u>CHATUPORN NAKADA</u> STREET ADDRESS <u>3700 34TH ST., SUITE 207</u> CITY-ST-ZIP <u>ORLANDO, FL 32805</u>	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	400002208524 -06/11/97--01030--026 ***165.00		
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.			
SIGNATURE: <u>CHATUPORN NAKADA</u> <u>5/29/97 (407) 841-0097</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Day Daytime Phone)			

CR2E034 (9/96)