1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700020744 1. Corporation Name

W.V.B., INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90105 028 ***150.00



Principal Place of Business	Mailing Address			
9565 SW 72 STREET	10795 S.W. 108 AVE.			
SUITE 107	SUITE 107		1	
MIAMI FL 33173	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE	
US			3. Date Incorporated or Qualifed	
			03/06/1997	
2. Principal Place of Business	2a, Mailing Address		The state of the s	olied For
			" am ama aaaa	Applicable
Suite, Apt. #, etc.	26 Suite, Apt. #, etc			
Suite, Apt. #, etc.	 	•	5. Certificate of Status Desired Fee Rec	dditional
22	27			
City & State	City & State		6. Election Campaign Financing 55.00 !	
23	28		Trust Fund Contribution Added to	Fees
Zip Country	Zip Co	ountry	8. This corporation owes the current year Intangible	
24 25	29 30		Personal Property Tax.	□No
9. Name and Address of Curr	rent Registered Agent	10. Name and Address of New Registered Agent		
		81 Name		
sriboonrod, wattana				
10795 S.W. 108 AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 107		83		
MIAMI FL 33176				
		04 03	85 Zip C	ode
		84 City	FL ° ² ²	,000

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE	,							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	WATTANA, SPIBOONROD	1.2 NAME						
STREET ADDRESS	10795 S.W. 108 AVE.	1.3 STREET ADDRESS	SS .					
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP						
TITLE	VPD DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	SRITHIP, VICHIT	2.2 NAME						
STREET ADDRESS	10795 S.W. 108 AVE.	2.3 STREET ADDRESS	ss					
CITY-ST-ZIP	MIAMI FL 33176	2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,					
TITLE	☐ DELETE	4.1 TITLE	· Change Addition					
NAME	•	4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	ss					
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	Change Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS	ss					
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP						
TITLE .	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME '		6.2 NAME						
STREET ADDRESS		6.3 STREET ADORESS	s					
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

14. I 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, with all other like empowered.

SIGNATURE: