PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Mar 02, 1999 8:00 am Secretary of State

| 12 A | 1999 | | Secretary DIVISION OF CO | | | 03-02-1999 9 | 0192 021 ***. | 150.00 |
|---|---|--|--|---|--|--|--|----------------------|
| DOCUI 1. Corporation P-B-X, IA | | 0000952 | 74 | | | | | |
| | | | | | | | 1 | |
| Principal Place | e of Business | Mailing | Address | | | 1 if 411 får 174 i forr i nårs dans omsti and | ii û Pita i Brat Perta 11911 i | Efit etzt 1821 |
| 1092 U.S. 1 SOUTH P.O. BOX 16862 | | | | | | | | |
| ST. AUGUSTINE | | JACKSC | INVILLE FL 32245-695 | 2 | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 01/01/1998 | | |
| 2. Principal P | tace of Business | Za. Mai | ling Address | | | 4. FEI Number 2/15 0 | App | lied For |
| 21 | | 26 | | | | 59-3479 | ~~~ | Applicable |
| Suite, Apt. | #, etc. | | e, Apt. #, etc. | | | 5. Certificate of Status Desired | ************************************** | |
| 22 | | 27 | | | | | Fee Rec | |
| City & State | · | 28 28 | & State | | | 8. Election Campaign Financing Trust Fund Contribution | 45:00 to | |
| == Zip - == | Country | Zip | | _ | ntry | -8This corporation owes the current y | | |
| 24 | 25 | 29 | 3 | 0 | | Personal Property Tax. 10. Name and Address of New Regis | | L1110 |
| | 9. Name and Address (| a Current Registere | Agent | | 81 Name | 14. Identify all the season of the season of | | |
| KEO | HEUANGPRASEUTH, PH | AIVANH | | 1 | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| 1092 U.S. 1 SOUTH | | | | | ST STREET AGG | ress (P.O. Box redificer is not Acceptable) | | |
| ST. A | AUGUSTINE FL 32084 | | | Ì | 83 | | | |
| | | | | ŀ | 84 City | | 85 Zip C | ode |
| | | | | - 1 | - 7 | | FL T | - late and |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 607.1 he State of Florida, S | 508, Florida Statutes uch change was auti | , the ab norized | ove-named com by the corporati | poration submits this statement for the purp ion's board of directors. I hereby accept the | appointment as reg | egistered istered |
| agent. I a | m familiar with, and accept t | he obligations of, Sec | tion 607.0505, Florid | a Statu | tes. | | | 1 |
| SIGNATURE | Stgnature, typed or printed name of re- | restered agent and title if agoil | cable (NOTE:R | egistered / | Agent signature require | ed whos reinstating) D | ATE | <u></u> ; |
| 12. | | CERS AND DIRECTO | | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | DP\$ | / | DELETE | 1,1 111 | ı E | | ☐ Change | Addition |
| NAME | KEOHEUANGPRASEUT | | | 1.2 NA | WE | | | } } |
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| NAME STREET ADDRESS | PHOMMACHANH, BOL 3129 SKIPPER LANE | NA 10140 | | | REET ADDRESS | | | 1 |
| CITY-ST-ZIP | JACKSONVILLE FL 32 | 216 | | | ry-st-zip | • | | |
| TILE . | | | | | | | | |
| NAME | ↓ ÐV | | ☐ DELETE | 3.1 TTT | LE | and the second s | Change | Addition |
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(i). Florida Statutes. I turner carry that the information indicated on this annual report or supplemental ennual report is true and accurate and that my signature shell 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: SIGNATURE AND TYPE | MENTE NAME OF SIGNING OFFICER DIR DIRECTOR |
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Daytime Phone #