## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$17805 DUSIT RITTILAP, INC.

(0)

Jul 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 9915 PINES BLVD. PEMBROKE PINES FL 33102 PEMBROKE PINES FL			13102		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/07/1990	3a. Date of Las 08/12/199	•
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	1 00/12/100	Applied For
21 26		26			65-0237842		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	d See Required	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	This corporation owes or has particular to the second contribution.		
24	25	29	30		Personal Property Tax due June		□ No
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
SIN	THAWACHIWA, NATTAKUN		81	Name			
530 N.E. 178 STREET NORTH MIAMI BEACH FL 33162			82	82 Street Address (P.O. Box Number is Not Acceptable)			<del> </del>
			83	1			
			84	City		FL 85 Z	ip Code
office or r	to the provisions of Sections 607 ( registered agent, or both, in the St am familiar with, and accept the of	ate of Florida. Such change was a	authorized b	v the corpora	poration submits this statement for the lation's board of directors. I hereby acce	purpose of changing pt the appointment	g its registered as registered
SIGNATURE	Bignature, typed or printed name of migisture	FOW street and tills it outlines to see a second	F: Registered An	eni signeture regui	rited when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.	- 10 g 10 10 10 10 10 10 10 10 10 10 10 10 10	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PVS	☐ DELETE	1.1 TITLE			Chang	ge 🔲 Addition
NAME	SINTHAWACHIWA, NATTH	AKUN	1.2 NAME				
STREET ADDRESS	530 N.E. 178 STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY - 3	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Chang	ge [] Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Chang	ge [ Addition
NAME		L_J beter	3.2 NAME				te [1] vocition
STREET ADDRESS			3.3 STREET	ADORECC			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE	<u> </u>		Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1			ge [ Addition
NAME OVERTEX ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP 14. L do herel	by certify that the Information supp	blied with this filing does not quali	6.4 CITY-S  fy for the exe	mption state	d in Section 119.07(3)(i), Florida Statute	as. I further certify th	nat the
Informatio	on indicated on this annual report of the corporation in Block 12 or Block 13 if changes	or supplemental annual report is t i or the receiver or trustee empow foor on an attachment with an add	rue and acci vered to exec dress	urate and tha cute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida S	al effect as if made Statutes; and that m	under oath; tha
SIGNAT	URE: Nattha	Will Binthau	rock	D	7/22/9	17	