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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$17805

(0)

DUSIT RITTILAP, INC.

-

Principal Place of Business

Mading Address

FILED Jan 26 1998 8:00am Secretary of State



9945 PINES BLVD. PEMBROKE PINES FL 33102		9945 PINES BLVD. PEMBROKE PINES FL 33102			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualified 12/07/1990			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fi			
21		26	26			65-0237842 Not Applica			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22		27				b. Certificate of Status Desired	Fe	e Required	
City & State	1	City & State	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28				Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Ζιρ	Countr	У		8. This corporation owes or has paid the cur			
24	24 25 29 9. Name and Address of Current Registered Agent						□ No		
		rrent Hegistered Agent		л.		10. Name and Address of New Registered	Agent	· · · · · · · · · · · · · · · · · · ·	
SINTHAWACHIWA, NATTAKUN 530 N.E. 178 STREET				Name					
	82	2 8	Street Addr	Address (P.O. Box Number is Not Acceptable)					
NO	RTH MIAMI BEACH FL 3316:	2	L	↓_					
			83	1					
			84	C	City	FI	85	Zip Code	
11. Pursuant to	the provisions of Sections 607.	0502 and 607,1508. Florida St	atutes, the abov	l /e-na	amed corp	poration submits this statement for the purpose of	chaogi	ing its registered	
Office or re	igi ster ed agent, or both, in the Si n f am iliar with, and accept the ol	late of Florida. Such change w	as authorized b	ıy (h	e corporati	tion's board of directors. I hereby accept the app	ointmer	nt as registered	
-	manima with, and accept the of	oper, tob Honoses, in action again	i, Florida Statute	5.					
SIGNATURE	Signature, typed or printed name of registered	Lagent and ble 4 applicable	(NOTE Registered Ap	ont s	gnature requir	red when reinstating) DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	PVS	☐ DELETE	1 1 TITLE				Cha		
NAME	SINTHAWACHIWA, NATTH	iakun	1.2 NAME						
STREET ADDRESS	530 N.E. 178 STREET		1.3 STREE	T ADD	DRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL		14 CHY-	ST-7	IP.				
TITLE		☐ DELETE	2 1 TITLE				Chai	nge Addition	
NAME			2 2 NAME					-	
STREET ADDRESS			2.3 STREE	T ADD	ORESS			ļ	
CITY-ST-ZIP			2. 4 CITY-	ST-Z	MP.				
TITLE		DELETE	3.1 TITLE				Char	nge Addition	
NAME			3.2 NAME					_	
STREET ADDRESS			3.3 STREE	T ADD	DRESS				
CITY-ST-ZIP			3.4. CITY-	ST - 7.	TP				
TITLÉ		☐ DELETE	41 TIFLE				☐ Char	nge Addition	
NAME			4 2 NAME						
STREET ADDRESS			4.3 STREE	T ADD	RESS			ł	
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE				Char	nge Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ADD.	IRESS			İ	
CITY-ST-ZIP			5.4 CITY-5		ŀ				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			***************************************	Char	nge Addition	
NAME			62 NAME		1				
STREET ADDRESS			6.3 STREET	ADD	RESS				
CITY - ST - ZIP			64 DITY-5						

14. Thereby 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.

Nothing C' Harral

CR2E034 (10/9)