

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

FILED
Apr 15 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 # S64826 (8)
1. Corporation Name
THAI VENTURES LTD., INC.



Principal Place of Business Mailing Address
2300 GULF BLVD. 2300 GULF BLVD.
INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-3000

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1991		3a. Date of Last Report 04/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3076368		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33785		28 Zip 33785		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BOBIER, ROGER, L.
2504 GULF BLVD.
UNIT 501
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: Roger Bobier ROGER BOBIER 4/9/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUKKARNPATEGA, APICHART	1.2 NAME					
STREET ADDRESS	111 23RD ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	1.4 CITY-ST-ZIP	33786				
TITLE	CEO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOBIER, ROGER	2.2 NAME					
STREET ADDRESS	2504 GULF BLVD, UNIT. 501	2.3 STREET ADDRESS					
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	2.4 CITY-ST-ZIP	33785				
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUKKARNPATEGA, SURANG	3.2 NAME					
STREET ADDRESS	11123 RD ST	3.3 STREET ADDRESS					
CITY-ST-ZIP	BELLEAIR BCH FL 33786	3.4 CITY-ST-ZIP	33786				
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOBIER, DEBRA	4.2 NAME					
STREET ADDRESS	2504 GULF BLVD, UNIT 501	4.3 STREET ADDRESS					
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	4.4 CITY-ST-ZIP	33786				
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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: Roger Bobier ROGER L. BOBIER 4/9/97

CR2E034 (9/96)