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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

V24343

(8)

**DOCUMENT #** 

SIAM OF KEY WEST, INC.

Principal Place of Business Mailing Address

829 SIMONTON STREET KEY WEST FL 33040

829 SIMONTON STREET KEY WEST FL 33040



						<ol> <li>Date Incorporated or Qualifie 03/27/1992</li> </ol>	d 3a. Da	te of Last I 11/27/1	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0329864			Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
Oty & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
- <b>Ζ</b> φ	Country 25	Ζ <sub>(</sub> ρ)	<b>30</b>	ntry		8. This corporation has liability I Florida Statutes		tax under :	s 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	w Registered	Agent	
				81 Name	e				
SIRIPANT, SURIYA 829 SIMONTON ST.				82 Stree	t Addres:	s (P.O. Box Number is Not Accep	otable)		
	ST FL 33040		83						
				84 City			FI		Tip Code
SICHATHER	the provisions of Sections 607.0502 diagont, or both, in the State of Flori , and accept the obligations of Sections	tion 607.0005, Florida Stati	utes. (NOTE: Registered				DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO C	DEFICERS AN	ID DIRECT	ORS IN 12
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TILE NAME SPREET ADDRESS	SIRIPANT, SURIYA 829 SIMONTON STREET	☐ DELETE	1 1 T 1 2 N 1 3 SI	AME TREET ADDRESS	s	HODING OF THE POST		Change	Addition
TILE NAME SEREET ADDRESS CHY-ST-7:P	SIRIPANT, SURIYA		1 1 T 12 N/ 13 SI 14 CI	AME TREET ADDRESS TY-ST-ZIP	s	ngeriotic current			
THEF NAME SFREET ADDRESS CHY-ST-7-P THEF	SIRIPANT, SURIYA 829 SIMONTON STREET	DELETE	1 1 T 12 N/ 13 SI 14 CI 2 1 T	AME Treet address Ty-ST-ZIP ITLE	s	, serious distractors		☐ Change	
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THE NAME SPRET ADDRESS CHY-ST-72P THE NAME SHREET ADDRESS CHY-ST-72P THEE NAME SHREET ADDRESS CHY-ST-72P	SIRIPANT, SURIYA 829 SIMONTON STREET	DELETE  DELETE	1 1 T 1 1 2 N/ 1 3 SI 1 4 CI 2 1 T 2 N/ 2 3 SI 2 4 CI 3 1 T 4 2 N/ 4 3 S' 4 4 CI 5 1 T 5 2 N/ 5 3 S' 5 4 CI	AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS	S S			Change	Addition  Addition  Addition
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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 chapter 607, or on an attactyment with an address.

**SIGNATURE:** 

ME OF BIGNING OFFICER OR DIRECTOR

2-17-96 (305)292-0302