FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V66257

(9)

DOCUMENT # 1. Corporation Name

WASEW FOOD, INC.

1889	DISE THE		1 61211 61 8	

44000 BBH	of Business	Mailing Address							
	13 ST E PINES FL 33026	11803 NW 13 ST PEMBROKE PINES F	EL 33026						
						3. Date Incorporated or Qualified 09/22/1992	3a, Date o	of Last 18/10/	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		T	Applied For
21		26				65-0373695			Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State	5	City & State				6. Election Campaign Financing			DO May Be
23	7	28				Trust Fund Contribution			led to Fees
Zip	Country	Zip	Coun	itry		8. This corporation has liability for in	ntangible tax	under	s 199.032,
24	25	29	30			Florida Statutes			
	Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	
			3	B1	Name				
	IPOONICH, PUCHONG E.		Ē	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	NW 13 ST		_	-					
PEMBI	ROKE PINES FL 33026		•	83					
			6	84	City		FL	85	Zip Code
	to the provisions of Sections 607.0502	1007 4500 FI O	an the about	1	amad samer	ation a shorter thin statement for the pure	. –	poina it:	registered office
or register	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authoriz	zed by the co	orpo	oration's board	d of directors. I hereby accept the appo	ointment as r	register	id agent. I am
SIGNATURE .	Signature typed or printed name of registered agent a	nd title if applicable (N/	DTE Rogistered A	gent	signature required		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFE			
TITLE	PD PLOUDE PLOUDE	☐ DELETE	1. 1 111	LE			L	Chang:	Addition
NAME	CHOMPOONICH, PUCHONG	i E.	1.2 NAN						
STREET ADDRESS	11803 NW 13 ST		1.3 STR	REET A	ADDRESS				
CHTY-ST-ZIP	PEMBROKE PINES FL		1.4 CIT)	Y - ST	- ZIP				e
	AT	- Poster					F	7 Chance	, La Addition
TITLE	ST THE DATE OF THE SHOULD BE SHOULD	☐ DELETE	2.1 111] Change	
NAME	THERATHANAKORN, WICHA	-	2.2 NAN	ME] Change	
	THERATHANAKORN, WICHA 11803 NW 13 ST	-	2.2 NAA 2.3 STR	ME REET A	ADDRESS		C] Chang	
NAME STREET ADDRESS CITY - ST - ZIP	THERATHANAKORN, WICHA	J	2.2 NAN 2.3 STR 2.4 City	ME REET A Y-ST					Addition
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I do nureby certify triat the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 oath attachages with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

770 A28 2634 Daytime Phone #