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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601058 (1)

1. Corporation Name
YAFFEY ASSET SUBSIDIARY, INC.

Principal Place of Business	Mailing Address
~~2700 S.W. 87TH AVENUE~~ ~~MIAMI FL 33165~~	~~2700 S.W. 87TH AVENUE~~ ~~MIAMI FL 33165~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1969

2. Principal Place of Business	2a. Mailing Address
21 23848 Hawthorne Blvd	26 23848 Hawthorne Blvd.
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Torrance, CA	City & State 28 Torrance, CA
Zip / Country 24 90505 / 25 USA	Zip / Country 29 90505 / 30 USA

4. FEI Number: 59-1263742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YAFFEY,MARK A 2700 S.W. 87TH AVENUE MIAMI FL 33165	81 Name: CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road 83 84 City: Plantation FL 85 Zip Code: 33324

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: Stephanie A. Brody Assistant Secretary C T Corporation System 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YAFFEY,MARK A 13814 SW 67 PLACE MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Sam Westover 23848 Hawthorne Blvd., Suite 200 Torrance, CA 90505 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/S/D Paul H. Hayase 23848 Hawthorne Blvd., Suite 200 ~~Torrance, CA 90505~~ ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Robert S. Chilton 23848 Hawthorne Blvd., Suite 200 Torrance, CA 90505 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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: Paul H. Hayase Paul H. Hayase, Senior Vice President 4/8/98 (310) 791-5656