FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -2 AM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002450 (5)

1. Corporation Name

EL CAMINO RESOURCES, LTD., INC.

Principal Place of Business	Mailing Address
21051 WARNER CENTER LANE WOODLAND HILLS CA 91367	21051 WARNER CENTER LANE WOODLAND HILLS CA 91367

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1993	3a. Date of Last Report: 04/27/1994
4. FEI Number: 95-3436523	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	HARMON, DAVID E	12 NAME	
STREET ADDRESS	24670 CORDILLERA DR.	13 STREET ADDRESS	
CITY ST ZIP	CALABASAS CA 91302	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	WOLFF, DAVID A	22 NAME	
STREET ADDRESS	1455 MONACO DR.	23 STREET ADDRESS	
CITY ST ZIP	PACIFIC PALISADES CA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	KLEINMAN, MELVIN	32 NAME	V/D KLEINMAN, MELVIN
STREET ADDRESS	4104 PUULIDO COURT	33 STREET ADDRESS	ALL OTHER INFORMATION THE SAME
CITY ST ZIP	CALABASAS CA	34 CITY ST ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	LOCKWOOD, MICHAEL P	42 NAME	
STREET ADDRESS	22325 ALGUNAS ROAD	43 STREET ADDRESS	23902 ASPEN WAY
CITY ST ZIP	WOODLAND HILLS CA	44 CITY ST ZIP	CALABASAS, CA 91302
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	OFRIA, BRIAN	52 NAME	
STREET ADDRESS	23341 OSTRONIC DR.	53 STREET ADDRESS	
CITY ST ZIP	WOODLAND HILLS CA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	TB, 5/4/95

300001478083
05/02/95-01013-005
****400.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ MICHAEL P. LOCKWOOD, SECRETARY 4-17-95 818-226-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402002 FP