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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90107 031 ***150.00

DOCUMENT # **F93000002450**

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 Qualifed: 05/25/1993

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

4. FEI Number: 95-3436523 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARMON, DAVID E		1.2 NAME		
STREET ADDRESS	24670 CORDILLERA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA 91302		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFF, DAVID A		2.2 NAME		
STREET ADDRESS	1455 MONACO DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PACIFIC PALISADES CA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLEINMAN, MELVIN		3.2 NAME		
STREET ADDRESS	4104 PUULIDO COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		3.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	4.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	LOCKWOOD, MICHAEL P		4.2 NAME		
STREET ADDRESS	23902 ASPEN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OFRIA, BRIAN		5.2 NAME		
STREET ADDRESS	23341 OSTRONIC DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOODLAND HILLS CA		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	OTTO, ROGER		6.2 NAME	MARSHALL E. ROSENBERG	
STREET ADDRESS	1127 WESTCREEK		6.3 STREET ADDRESS	6331 GLADE AVE., #H313	
CITY-ST-ZIP	WESTLAKE VILLAGE CA		6.4 CITY-ST-ZIP	WOODLAND HILLS, CA 91367	

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, with all other like empowered.

SIGNATURE: MARSHALL E. ROSENBERG 4/8/99 (818) 226-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)