

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000003316 (7)**

1. Corporation Name
LOTUS HISPANIC REPS CORP.



Principal Place of Business: 6290 SUNSET BLVD STE 1600 LOS ANGELES CA 90028 US
Mailing Address: 6290 SUNSET BLVD STE 1600 LOS ANGELES CA 90028 US

2. Principal Place of Business: 21 6290 SUNSET BLVD., SUITE 1600 LOS ANGELES, CA 90028 U.S.A.
2a. Mailing Address: 26 SAME
27 SAME
28 SAME
29 SAME
30 SAME

3. Date Incorporated or Qualified: 07/20/1993
3a. Date of Last Report: 03/21/1995
4. FEI Number: 95-3532285
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

9. Name and Address of Current Registered Agent

CABRERA, JOSE
2655 LE JEANE ROAD
CORAL GABLES FL 33134

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 607.0602 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: _____
Principal Place of Business Registered Agent Signature Required When Resigning

12. OFFICERS AND DIRECTORS
DCP KRAUSHAAR, RICHARD B 6290 SUNSET BLVD STE 1600 LOS ANGELES CA DVCT
SHRIFTMAN, WILLIAM 6290 SUNSET BLVD STE 1600 LOS ANGELES CA DS
PALEY, JOHN 6290 SUNSET BLVD STE 1600 LOS ANGELES CA VP
CABRERA, JOSE 6290 SUNSET BLVD STE 1600 LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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3-16-96

14. I 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)(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 on an attachment with an address.

SIGNATURE: *W. H. Shuffler* 3-7-96 213 461-8225
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)