

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90079 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F93000003316

1. Corporation Name
LOTUS HISPANIC REPS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6290 SUNSET BLVD
 SUITE 1600
 LOS ANGELES CA 90028
 US**

Mailing Address
**6290 SUNSET BLVD
 STE 1600
 LOS ANGELES CA 90028
 US**

3. Date Incorporated or Qualified
07/20/1993

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **6290 Sunset Blvd.**
 Suite, Apt. #, etc.
 22 **Suite 1600**
 City & State
 23 **Los Angeles, CA**
 Zip Country
 24 **90028** 25 **U.S.A.**

2a. Mailing Address
 26 **Same**
 Suite, Apt. #, etc.
 27 **Same**
 City & State
 28 **Same**
 Zip Country
 29 **Same** 30 **Same**

9. Name and Address of Current Registered Agent
PETERS, LOURDES
 Lotus Hispanic Reps
 175 Fontainebleau Blvd., #2-G-10
 Miami, FL 33172

10. Name and Address of New Registered Agent
 81 Name **Lourdes Peters**
 82 Street Address (P.O. Box Number is Not Acceptable) **Lotus Hispanic Reps**
 83 **175 Fontainebleau Blvd., #2-G-10**
 84 City **Miami** 85 Zip Code **FL 33172**

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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	KRAUSHAAR, RICHARD B	
STREET ADDRESS	6290 SUNSET BLVD STE 1600	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DVCT	<input type="checkbox"/> DELETE
NAME	SHRIFTMAN, WILLIAM	
STREET ADDRESS	6290 SUNSET BLVD STE 1600	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PALEY, JOHN	
STREET ADDRESS	6290 SUNSET BLVD STE 1600	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: William Shriftman **William Shriftman** 2/18/99 C 323-461-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)