

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**

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**

4. FEI Number  
**95-3532285**

Applied For  
 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 the current year Intangible Personal Property Tax.  Yes  No

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