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

PROFIT **CORPORATION ANNUAL REPORT** 

**19**98



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	CIENEGA			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifieo  03/22/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo	
21 Suito Ant	# alo	Suite, Apt #, etc.		68-03 16648 Not Applica	$\overline{}$
Suite, Apt. #, etc.		27		5. Certificate of Status Desired Fee Regulred	ıl İ
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of Curren		30	Personal Property Tax due June 30. A Yes No.  10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM	it riogistered Agent	81 Name		
	00 SOUTH PINE ISLAND ROAD				_
	ANTATION FL 33324		82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	85 Zip Code	
				FL   T	
SIGNATURE	Signature typed or printed name of registered agr	en and the diapplicable (NOTE	Rog-stered Agent signature	d corporation submits this statement for the purpose of changing its register reporation's board of directors. I hereby accept the appointment as registers required when reinstating)  OATE	ıd
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add	
TITLE	ANCHER, JACQUES	<b>⊠</b> , DELETE	1.1 Title	BUKMAN, JOHN	((IDN
NAME STORET INDOCCO	KIM ROYAL DUTCH AIRLINES		1.2 NAME 1.3 STREET ADDRESS	KIM LOVAL DUTCH AIRLINES	
STREET ADDRESS CITY-ST-ZIP	THE NETHERLANDS	,	1.4 CITY - ST - ZIP	the netherlands	
TITLE	P	DELETE	2.1 TITLE	P	lition
NAME	RITCHIE, STEVEN		2.2 NAME	DONNER, GRHIE	1
STREET ADDRESS	11000 S LA CIENEGA SUITE	210	2.3 STREET ADDRESS	11099 S. LA CIENEBA SLITE 210	
CITY-ST-ZIP	LOS ANGELES CA		2. 4 City - St - ZiP	LOS ANGRES CA	
TITLE	VS	L.) DELETE	3.1 TITLE	Change Add	ilion
NAME	SWANSON, BECKY D 11099 S LA CIENEGA STE 21	10	3.2 NAME		
STREET ADDRESS	LOS ANGELES CA	ıv	3 3 STREET ADDRESS		- 1
CITY-ST-ZIP TITLE	LOO ANGLEES OA	DELETE	3.4. CITY - ST - 2IP 4.1 TITLE	☐ Change ☐ Add	ition
NAME		- VELLE	4. 2 NAME	Li diange Li xoo	"""
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Add	ition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		ļ
CITY-ST-ZIP			5 4 CHY-S1-ZIP		
TETLE		☐ DELETE	6 1 117LE	Change Add	ition
NAME			6.2 NAME		Į
STREET ADDRESS			6.3 STREET ADDRESS		)

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.

6.4 CITY - ST - ZIP

5/100 (310)640-9733

**FILED** 

May 14 1998 8:00am

Secretary of State