

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004833 (8)**

1. Corporation Name:
EMERIK PROPERTIES CORP.



Principal Place of Business: **11777 SAN VINCENTE BLVD. STE 502 LOS ANGELES CA 90049**
Mailing Address: **11777 SAN VINCENTE BLVD. STE 502 LOS ANGELES CA 90049**

2. Principal Place of Business: **c/o Krasne & Mellon, LLP**
21 **9440 Santa Monica Blvd.**
Suite, Apt. #, etc.: **Suite 610**
22 **Beverly Hills, CA**
City & State:
23 **90210** 24 Zip 25 Country
2a. Mailing Address:
26 **9440 Santa Monica Blvd.**
Suite, Apt. #, etc.: **Suite 610**
27 **Beverly Hills, CA**
City & State:
28 **90210** 29 Zip 30 Country

3. Date incorporated or Qualified: **10/06/1995** 3a. Date of Last Report
4. FEI Number: **95-2836935** 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 has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Numbers Not Acceptable):
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Said change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRASNE, JAMES L	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLAZER, ERIKA J	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALMGREN, ARTHUR G	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GLAZER, EMERSON U	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOMSKY, H D	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JAMES A	
STREET ADDRESS	11777 SAN VINCENTE BLVD., STE 502	
CITY, ST, ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	c/o Krasne & Mellon, LLP
13 STREET ADDRESS	9440 Santa Monica Blvd., #610
14 CITY, ST, ZIP	Beverly Hills, CA 90210
21 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	c/o Krasne & Mellon, LLP
23 STREET ADDRESS	9440 Santa Monica Blvd., #610
24 CITY, ST, ZIP	Beverly Hills, CA 90210
31 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	c/o Krasne & Mellon, LLP
33 STREET ADDRESS	9440 Santa Monica Blvd., #610
34 CITY, ST, ZIP	Beverly Hills, CA 90210
41 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	c/o Krasne & Mellon, LLP
43 STREET ADDRESS	9440 Santa Monica Blvd., #610
44 CITY, ST, ZIP	Beverly Hills, CA 90210
51 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	#3 Del Amo Fashion Center
53 STREET ADDRESS	Torrance, CA 90503
54 CITY, ST, ZIP	
61 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	#3 Del Amo Fashion Center
63 STREET ADDRESS	Torrance, CA 90503
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicates from 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 registered agent authorized 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 additional sheet, as addressed.

SIGNATURE: Arthur G. Malmgren 3/25/96 (310) 786-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)