

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 # **V70257** (3)
1. Corporation Name
BUENA VISTA TRADING COMPANY



Principal Place of Business Mailing Address
**1375 BUENA VISTA DR
4TH FLOOR N
LAKE BUENA VISTA FL 32830
US**
**500 S BUENA VISTA ST
4TH FLOOR N
BURBANK CA 91521-0940
US**

2. Principal Place of Business 21 200 CELEBRATION PLACE Suite, Apt. # etc. 22 City & State 23 CELEBRATION, FL Zip 24 34747	2a. Mailing Address 26 500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc. 27 City & State 28 BURBANK, CA Zip 29 91521-0586	3. Date Incorporated or Qualified 10/12/1992	3a. Date of Last Report 04/27/1995	4. FEI Number 59-3145676 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S
1375 BUENA VISTA DR
4TH FLOOR N
LAKE BUENA VISTA FL 32830**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and the corporation (Note: Registered Agent signature is required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	1.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMMELL, PETER S	2.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	3.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOATE II, M. RICKLIFFE	4.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID A.	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET	5.3 STREET ADDRESS	200 CELEBRATION PLACE
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

Doc. 4/18/96 (818) 560-1000
Do Not Print

CR2E034 (12/95)