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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002428 (9)

1. Corporation Name

DISNEY CONSUMER PRODUCTS LATIN AMERICA, INC.

Principal Place of Business

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0586

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0586

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1995

2. Principal Place of Business

21 500 S. Buena Vista Street

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Burbank, CA

Zip

24 91521

Country

25 USA

City & State

27

Zip

29

Country

30

4. FEI Number

95-4527299

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

IOPOLO, FRANK S
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DE KANTER, STEPHEN
STREET ADDRESS COLUMBUS CENTER, ONE ALHAMBRA PLAZA PH
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD
NAME REED, MARSHA L
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521

TITLE T
NAME CONFORTI, THOMAS G
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521-0586

TITLE AT
NAME BUETTNER, ANNE L
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521-0586

TITLE D
NAME BARTON, K. BOYD
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521-0586

TITLE D
NAME LITVACK, SANFORD M
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521-0586

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Burbank, CA 91521

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Burbank, CA 91521

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Burbank, CA 91521

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.

SIGNATURE

[Signature]

4-3-98

(818) 550-1000

CR2E034 (10/97)