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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 015 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002428

1. Corporation Name

DISNEY CONSUMER PRODUCTS LATIN AMERICA, INC.

Principal Place of Business

**500 SOUTH BUENA VISTA STREET
BURBANK CA 91521
US**

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

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **BOYD, BARTON K.**
5.4 CITY-ST-ZIP **500 SOUTH BUENA VISTA STREET**
BURBANK, CA 91521

6.1 TITLE ☐ Change ☐ 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:

MARSHA L REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

CR2E034 (1/1/98)