

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

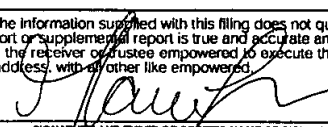
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02 MAY 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000001489			
1. Entity Name T.G.I.C. IMPORTERS INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 20300 VENTURA BLVD Suite, Apt. #, etc. SUITE 300		3. Mailing Address 211 WAPOO Suite, Apt. #, etc. SUITE 202	
City & State WOODLAND HILLS, CA		City & State CALISTOGA, CA	
Zip 91364	Country LOS ANGELES	Zip 94515	Country NAPA
4. FEI Number 94-3098010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
City TALLAHASSEE		FL	Zip Code 32301
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUARACHI, ALEJANDRO 23425 COLOMBO CALABASAS, CA		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with or without other like empowered.			
SIGNATURE: 		ALEJANDRO GUARACHI	
		04-20-02	
		800-788-0212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)