FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003316 (7)

1. Corporation Name
LOTUS HISPANIC REPS CORP.

Principal Place of Business	Mailing Address
6777 HOLLYWOOD BLVD. LOS ANGELES CA 90028	6777 HOLLYWOOD BLVD. LOS ANGELES CA 90028

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 6290 Sunset Blvd.
22 Suite, Apt. #, etc. Suite 1600
23 City & State: Los Angeles, CA
24 Zip: 90028
25 Country: USA

2a. Mailing Address
26 6290 Sunset Blvd.
27 Suite, Apt. #, etc. Suite 1600
28 City & State: Los Angeles, CA
29 Zip: 90028
30 Country: USA

4. FEI Number: 95-3532285 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CABRERA, JOSE
2655 LE JEANE ROAD
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☒ Change ☐ Addition
NAME	KHAUSHAAR, RICHARD B	1.2 NAME	
STREET ADDRESS	6777 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	6290 Sunset Blvd. - Suite 1600
CITY-ST-ZIP	LOS ANGELES CA 90028	1.4 CITY-ST-ZIP	Los Angeles, CA 90028
TITLE	DVCP	2.1 TITLE	☒ Change ☐ Addition
NAME	SHRIFTMAN, WILLIAM	2.2 NAME	
STREET ADDRESS	6777 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	6290 Sunset Blvd. - Suite 1600
CITY-ST-ZIP	LOS ANGELES CA 90028	2.4 CITY-ST-ZIP	Los Angeles, CA 90028
TITLE	DS	3.1 TITLE	☒ Change ☐ Addition
NAME	PALEY, JOHN	3.2 NAME	
STREET ADDRESS	6777 HOLLYWOOD BLVD.	3.3 STREET ADDRESS	6290 Sunset Blvd. - Suite 1600
CITY-ST-ZIP	LOS ANGELES CA 90028	3.4 CITY-ST-ZIP	Los Angeles, CA 90028
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	CABRERA, JOSE	4.2 NAME	
STREET ADDRESS	6777 HOLLYWOOD BLVD.	4.3 STREET ADDRESS	6290 Sunset Blvd. - Suite 1600
CITY-ST-ZIP	LOS ANGELES CA 90028	4.4 CITY-ST-ZIP	Los Angeles, CA 90028
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: X W.H. Shriftman W.H. SHRIFTMAN 3-13-95 213461-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT — Date — Daytime Phone #

0481554 FP