## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F93000005598 (8)

HOBIS	UN-PREZIUSU, INC.					
Principal Pla	ace of Business	Mailing Address		<del></del>	{	al <b>ad</b> am <b>ecia</b> l <b>e</b> cial divid (648) 18% 1881
10850 DALE ST 10950 DALE ST STANTON CA 90680 STANTON CA 90680-2732						
					3. Date Incorporated or Qualified 12/09/1993	3a. Date of Last Report 02/09/1996
2. Principal	Prace of Business	2a. Mailing Address	······		4. FEI Number	Applied For
21				· · · · · · · · · · · · · · · · · · ·	95-3662219	Not Applicable
Suite, Apt #, etc. 27			7		Fee Req	Fee Hequired
City & St. 23	ale	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Cour	ntry	8. This corporation has liability for	
24	25	29	30			Yes X No
	9. Name and Address of Curre	ent Registered Agent		24	10. Name and Address of New Ro	agistered Agent
	CORPORATION SYSTEM			B1 Name		
1200 S. PINE ISLAND RD				82 Street Add	ess (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324			00		
				63		
			f	84 City		85 Zip Code
						FL S Zip Code
		te of Florida. Such change was gations of, Section 607.0505, F	authorized lorida Statu	by the corporal	poration submits this statement for the lion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and tide if applicable (NC	TE Registered	Agent signature requi	red when reinstaling)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
THE	) D	☐ DELETE	1.1 TIT	LE		Change Addition
NAME	GOUTAGNY, MARIE		1.2 NA	ME		
STREET ADDRESS			1.3 ST	EET ADORESS		
CITY-SI-7IP	STANTON CA			Y-ST-ZIP		
Title	PD	☐ DELETE	2,1 T/T	LE		Change Addition
NAME	GOUTAGNY, PHILIPPE		2.2 NA	ME		
STREET ADDRESS			2.3 511	REET ADDRESS		
CITY-ST-20P	STANTON CA		2. 4 CI	TY-ST-ZIP		
TITLE	\$D	DELETE	3.1 117	LE		Change Addition
NAME	ROBISON, RONALD W		32 NA	ME .		
STREET ADDRESS			a.3 STI	REET ADORESS		
CITY - S1 - ZIP	STANTON CA		3.4. CI	TY-ST-ZIP		
TITLE	TD	DELETE	4.1 TIT	LE		Change
NAME	NORTON, HAROLD		4. 2 NA	ME		
STREET ADDRES			4.3 ST	REET ADDRESS		
C(1) y - S1 - Z()	STANTON CA	·····	4.4 CIT	Y-ST-ZIP		
THLE		☐ DELETE	5.1 TIŢ	TE		Change Addition
NAME			52 NA	ME		
STREET ADDRES	SS		5.3 STI	REET ADDRESS		
CITY - S1 - 70P			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TtT	LE		Change Addition
NAME	1		6.2 NA	ME I		
STREET ADDRES	s		6.3 STI	REET ADDRESS		

14. I do 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, of on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

(714) 821.4800

**FILED** 

May 07 1997 8:00am

Secretary of State