

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**B.P.H.R. (CALIFORNIA), INC.**

Principal Place of Business

Mailing Address

P.O. BOX 430  
OAKVILLE CA 94562

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OAKVILLE CA 94562

DO NOT WRITE IN THIS SPACE

		3. Date Incorporated or Qualified <b>02/24/1994</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
	Country		Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BOND, WILLIAM J</b> <b>12018 DUNMORE CT.</b> <b>ORLANDO FL 32821</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, PATRICK	1.2 NAME	
STREET ADDRESS	BARON PHILIPPE DE ROTHCHILD B.P. 117	1.3 STREET ADDRESS	
CITY - ST - ZIP	33250 PAUILLAC, FRANCE	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINCHARD, PIERRE	2.2 NAME	
STREET ADDRESS	BARON PHILIPPE DE ROTHCHILD B.P. 117	2.3 STREET ADDRESS	
CITY - ST - ZIP	33250 PAUILLAC, FRANCE	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIZAGUIRRE, XAVIER D	3.2 NAME	
STREET ADDRESS	BARON PHILIPPE DE ROTHCHILD B.P. 117	3.3 STREET ADDRESS	
CITY - ST - ZIP	33250 PAUILLAC, FRANCE	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEPPIER, GEORGE	4.2 NAME	
STREET ADDRESS	P.O. BOX 430 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	OAKVILLE CA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

**SIGNATURE.**

CP2E034 (10/97)