

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001588 (2)

1. Corporation Name

TR BRELL SILVER HILLS CORP.

Principal Place of Business

4343 VON KARMAN AVE.
NEWPORT BEACH CA 92660

Mailing Address

4343 VON KARMAN AVE.
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME DP
WIRTA, RAY
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ DELETE

NAME DV
SCHREIBER, CHARLES JR.
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ DELETE

NAME V
BREN, PETER
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ DELETE

NAME V
ZAK, DAVID J
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ DELETE

NAME S
ROTHER, WILLIAM
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE ☐ DELETE

NAME T
SCHREIBER, CHARLES JR.
STREET ADDRESS 4343 VON KARMAN AVE.
CITY-ST-ZIP NEWPORT BEACH CA 92660

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

David J. Zak

9/17/97

714 933-3030

CR2E034 (4/97)