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 # F9400002724 (2)

BANDANA TRADING COMPANY

Principal Place of Business Mailing Address 4349 SANTA FE RD. 4349 SANTA FE RD. SAN LUIS OBISPO CA 83401 SAN LUIS OBISPO CA 93401-8146 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1994 09/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 33-0280260 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) 83 TALLAHASSEE FL 32301 City Zin 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 Sod tile if application OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1611 **PVS** 1.1 TITLE Change Addition NAME KYLE, MIKE 1.2 NAME STREET ADDRESS 1111 FARMHOUSE LN. 1.3 STREET ADDRESS SAN LUIS OBISPO CA 93401 C(TY - S1 - Z)E 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2.4 CITY-ST-ZIP DELETE TIFLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE THE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE THILE 5.1 TITLE Change Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-7P 54 CITY - ST - ZIP 100.6 DELETE 61 TITLE Change Addition NAME 62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

City - St - 7/2

KOUHED

FILED

Feb 27 1997 8:00am

Secretary of State