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

5000005035 DOCUMENT

WESTERN AMERICAN EXCHANGE CORPORATION

FILED						
Jun 17 1997 8:00am						
Secretary of State						

	Principal Place of Business Mailing Address 17911 Von Kaman Avenue						
Suite 300					Ì		
Irvine,	CA 92614						
					10/17/1995	4/8/96	
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
	01 North Lake Destiny Drive 26 17911 Von Karma te, Apt. #, etc. Suite, Apt #, etc.				33-0320249	Not Applicable	
					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 Suite 300 City & State City & State						\$5.00 May Be	
23 Maitla					Trust Fund Contribution		
Zip	Country	Zıp			8. This corporation has liability for intangible tax under s. 199.032,		
24 32751					Florida Statutes Yes X No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
CT Corporation System 81 Name							
1200 South Pine Island Road Plantation, FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
7	on, FL 33324		83				
•			63				
			84	City		85 Zip Code	
FL is 25 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, typod or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS A			
TITLE	₹.	DELETE	1 1 THILE		William P. Foley, II	Change Addition	
NAME	•		1.2 NAME			reyu (1.0	
STREET ADDRESS	DRESS		1 3 STREET ADDRESS		17911 Von Karmon Ave, #500 Irvine, CA 92614 P/C		
CITY-ST-ZIP				1 - ZIP	11vine, CA 92014 1/6		
TITLE	DELETE				Scott Saunders		
NAME			. 2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		3938 State St, #260 Santa Barbara, CA 93105 P		
CITY - ST - ZIP				ST - Z(P			
TITLE		DELETE	3 1 TITLE		M'liss Jones Kane	☐ Change ☐ Addition	
NAME			3.2 NAME			1500	
STREET ADDRESS				ADDRESS	17911 Von Karmon Ave, #500		
CITY-12-71D	DELETE			31 - ZIP	Irvine, CA 92614 V/S		
TITLE NAME		₩ DELC IL	4.1 TITLE 4.2 NAME]		El Anguillo	
			4. 2 NAMC 4.3 STREET	ADDRESS			
STREET ADDRESS			4.3 STREET		•	/	
CITY-ST-ZIP TITLE		DELFTE	5 1 111LE	1 - ZII:		Change Addition	
NAME	Ditt.						
STREET ADDRESS			5.2 NAME 5.3 STREET	ADORESS.	<	10/11/0/00	
CITY-ST-ZIP			5 4 CITY - S	1	/	Y/////////	
TITLE		DELETE	61 TILLE		/0	Change Addition	
NAME			6.2 NAME	}	300002215	333	
STREET ADDRESS			6.3 STREET ADDRESS		300002215333 -06/18/9701008035		
CITY-ST-ZIP			64 CITY - S		***165.00		
14. I do hereb	by certify that the information supplied	with this filing does not qualify	y for the exe	mplion sta	ated 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 en an attachment with an address.							
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M!Liss Jones Kane, Secretary

4/14/97

(714) 622-4326