

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006031 (7)**

1. Corporation Name  
**FAUSTINA, INC.**

Principal Place of Business <b>PATRICIA LANIER, EUROPEAN INVESTMENT MGMT 11999 SAN VICENTE BLVD., STE. 440 LOS ANGELES CA 90049</b>	Mailing Address <b>PATRICIA LANIER, EUROPEAN INVESTMENT MGMT 11999 SAN VICENTE BLVD., STE. 440 LOS ANGELES CA 90049-5042</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/12/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2503055</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HENIN, JEROME IPI OF CENTRAL FLA, INC. 933 LEE RD., STE. 402 ORLANDO FL 32810</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
				<b>FL</b>	

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

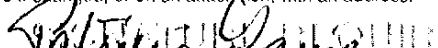
(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE		11. TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BANHOLZER, GUIDO</b>			12. NAME	<b>LANIER, PATRICIA</b>		
STREET ADDRESS	<b>WENGISTRASSE 7-POSTFACH</b>			13. STREET ADDRESS	<b>11999 SAN VICENTE BLVD., #440</b>		
CITY-ST-ZIP	<b>CH-8026 ZURICH, SWITZERLAND</b>			14. CITY-ST-ZIP	<b>LOS ANGELES, CA 90049</b>		
TITLE		<input type="checkbox"/> DELETE		21. TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				22. NAME	<b>LANIER, PATRICIA</b>		
STREET ADDRESS				23. STREET ADDRESS	<b>11999 SAN VICENTE BLVD., #440</b>		
CITY-ST-ZIP				24. CITY-ST-ZIP	<b>LOS ANGELES, CA 90049</b>		
TITLE		<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. 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 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

 Patricia Lanier

(310) 471-5852

CR2E034 (9/96)