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FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # F96000002967 (5)

1. Corporation Name
PACIFIC AMERICAN ADVISORS COMPANY



Principal Place of Business: **13810 CHAMPION FOREST DRIVE, SUITE 150 HOUSTON TX 77069**
 Mailing Address: **13810 CHAMPION FOREST DRIVE, SUITE 150 HOUSTON TX 77069-1844**

3. Date Incorporated or Qualified: **06/13/1996** 3a. Date of Last Report
 4. FEI Number: **76-0386837** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HENDRICKS, DAVID B	
STREET ADDRESS	13810 CHAMPION FOREST DRIVE, SUITE 150	
CITY- ST- ZIP	HOUSTON TX 77069	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CICCARELLO, JOE JR	
STREET ADDRESS	13810 CHAMPION FOREST DRIVE, SUITE 150	
CITY- ST- ZIP	HOUSTON TX 77069	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRIGGS, BARBARA	
STREET ADDRESS	13810 CHAMPION FOREST DRIVE, SUITE 150	
CITY- ST- ZIP	HOUSTON TX 77069	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PORTER, CATHRYN	
STREET ADDRESS	3200 S.W. FREEWAY, SUITE 1220	
CITY- ST- ZIP	HOUSTON TX 77027	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRADLEY, BILL C	
STREET ADDRESS	5999 SUMMERSIDE DRIVE, SUITE 112	
CITY- ST- ZIP	DALLAS TX 75252	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	QUINN, JACK JR.	
1.3 STREET ADDRESS	13810 Champion Forest Dr., Suite 150	
1.4 CITY- ST- ZIP	Houston, TX 77069	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Jack Quinn, Jr.* **JACK QUINN, JR.** 3/5/97 (281) 580-1247
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)