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Mar 06 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 # F96000006507 (5)

1. Corporation Name  
PC CRAFT DISTRIBUTION, INC.



Principal Place of Business Mailing Address  
163 UNIVERSITY PKWY.  
POMONA CA 91768 163 UNIVERSITY PKWY.  
POMONA CA 91768-4301

2. Principal Place of Business 2a. Mailing Address  
21 7657 CURRENCY DRIVE 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27  
23 Orlando, FL 28

24 Zip 25 Country 29 Zip 30 Country  
32809 ORANGE

g. Name and Address of Current Registered Agent

ABBASSI, ROBERT  
5937 ANNO ST.  
ORLANDO FL 32809

3. Date Incorporated or Qualified 3a. Date of Last Report  
12/12/1996

4. FEI Number Applied For  
33-0582189 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

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE CP ☐ DELETE  
NAME WEN, JACK  
STREET ADDRESS 163 UNIVERSITY PKWY.  
CITY-ST-ZIP POMONA CA 91768  
TITLE DS ☐ DELETE  
NAME BLUM, GARY  
STREET ADDRESS 3278 WILSHIRE BLVD., STE. 603  
CITY-ST-ZIP LOS ANGELES CA 90010  
TITLE V ☐ DELETE  
NAME VALDOVINOS, J. LAURO  
STREET ADDRESS 163 UNIVERSITY PKWY.  
CITY-ST-ZIP POMONA CA 91768  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. LAURO VALDOVINOS

2/18/97

Date

(909) 869-0133

Daytime Phone # 0011289

CR2E034 (9/96)