

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

**PROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**  
 99 MAR 11 PM 12:43  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F97000001113**

1. Corporation Name  
**FIRST PACIFIC FINANCIAL, INC.**

Principal Place of Business  
 3080 BRISTOL #150  
 COSTA MESA CA 92626

Mailing Address  
 3080 BRISTOL #150  
 COSTA MESA CA 92626

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	03/04/1997	33-0051773	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA COMPLIANCE SPECIALISTS, INC. 1475 TUNHILL DR. TALLAHASSEE FL 32311	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS HARSINI, MEHRAN Z	1.1 TITLE	
NAME	30392 LE PORT	1.2 NAME	
STREET ADDRESS	LAGUNA NIGUEL CA 92677	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TDC STEARNS, GLENN B	2.1 TITLE	
NAME	6 VIA DEL TESORO	2.2 NAME	
STREET ADDRESS	SAN CLEMENTE CA 92672	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **01-21-99** **(714) 513-7777**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)



**First Pacific Financial**

March 8, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: First Pacific Financial, Inc.  
Ref. Number F97000001113

Annual Reports Sections:

Your letter was received in our office this date. Please be advised that I am the President of First Pacific Financial, Inc. and I signed as such. I am also referred to as Ron Harsini.

I hope that this explains the attached.

Sincerely,

Mehran Z. Harsni  
Ron Harsini  
President

Enclosure