FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000708 (7)

1. Corporation Name

CHARIS PRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5140 E LA PALMA SUITE 203 ANAHEIM CA 92807	5140 E LA PALMA SUITE 203 ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994	3a. Date of Last Report: N/A
4. FEI Number: 33-0600664	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 167 S. Pinecrest	26 PO Box 12238
Suite, Apt. #, etc 22 Suite D	Suite, Apt. #, etc 27
City & State 23 Orange, CA	City & State 28 Orange, CA
Zip 24 92669 Country 25 USA.	Zip 29 92669-8238 Country 30 USA.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, CLIFF 337 MAGNOLIA CENTER PAMANA CITY FL 32401	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 title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/T/D ☒ Change (Address) ☐ Addition
NAME	MARKGRAAFF, JAN R	1.2 NAME	Markgraaff, Jan, R
STREET ADDRESS	6536 CALLE BELLE NORTE	1.3 STREET ADDRESS	167 S Pinecrest, #D,
CITY ST ZIP	ANAHEIM CA	1.4 CITY ST ZIP	Orange, CA 92669
TITLE	D	2.1 TITLE	D, S ☒ Change (Address) ☐ Addition
NAME	MARKGRAAFF, RINNETT J	2.2 NAME	Markgraaff, Rinnett, J.
STREET ADDRESS	6536 CALLE BELLE NORTE	2.3 STREET ADDRESS	167 S Pinecrest, #D
CITY ST ZIP	ANAHEIM CA	2.4 CITY ST ZIP	Orange, CA 92669
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	SNYMAN, JACQUES L	3.2 NAME	Scott, Ken
STREET ADDRESS	37 B PRES STEYN WESTDENE	3.3 STREET ADDRESS	1092 Teller Ave
CITY ST ZIP	BLOEMFONTEIN, SOUTH AFRICA	3.4 CITY ST ZIP	Irvine, CA 92714
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Van Den Heever, Leonard
STREET ADDRESS		4.3 STREET ADDRESS	4 Van Heerden St, Fernwood
CITY ST ZIP		4.4 CITY ST ZIP	Cape Town, 7700, South Africa
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Sonnenberg, Bruce
STREET ADDRESS		5.3 STREET ADDRESS	17100 Armstrong Ave, Irvine
CITY ST ZIP		5.4 CITY ST ZIP	Irvine, CA 92714
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Markgraaff, Bruce
STREET ADDRESS		6.3 STREET ADDRESS	10420 Hurricane St, #19
CITY ST ZIP		6.4 CITY ST ZIP	N Hollywood, CA 91602

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (Markgraaff, Jan) 4/28/95 714-(997-1212)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AS 7/24

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