

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05056

(7)

1. Corporation Name

TRANS PACIFIC STORES, LTD., INC.

Principal Place of Business

Mailing Address

**603 PARK POINT DR.
GOLDEN CO 80401-9367**

**603 PARK POINT DR.
GOLDEN CO 80401-9367**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1985

3a. Date of Last Report

07/06/1994

4. FEI Number

99-0181179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	BERLANTI, DONALD V.
STREET ADDRESS	145 BARRANCA RD.
CITY - ST - ZIP	SANTE FE NM
TITLE	COB
NAME	BERLANTI, DONALD V.
STREET ADDRESS	145 BARRANCA RD.
CITY - ST - ZIP	SANTE FE NM
TITLE	PDS
NAME	HILL, JOHN P. JR.
STREET ADDRESS	1951 S PARFET DR
CITY - ST - ZIP	LAKEWOOD CO
TITLE	D
NAME	HOLMBERG, JOANNE
STREET ADDRESS	758 PAHUMELE PLACE
CITY - ST - ZIP	KAILUA HI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	PSTD
3.3 STREET ADDRESS	HILL, JOHN P. JR.
3.4 CITY - ST - ZIP	SAME
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	TANIYAN, LORRAINE
4.4 CITY - ST - ZIP	604 KALAWAI ST.
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	S-Asst.
5.3 STREET ADDRESS	NELSON, KARINA
5.4 CITY - ST - ZIP	8056 S. KRAMERIA WAY
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	ENGLEWOOD, CO 80112
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (303) 526 9403

Date

Telephone Number