

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05056** (7)
1. Corporation Name
TRANS PACIFIC STORES, LTD., INC.



Principal Place of Business 555 ZANG ST SUITE #300 LAKEWOOD CO 80228 US	Mailing Address 555 ZANG ST SUITE #300 LAKEWOOD CO 80228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1985	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 99-0181179		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERLANTI, DONALD V		1.2 NAME		
STREET ADDRESS	145 BARRANCA RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTE FE NM 87501		1.4 CITY-ST-ZIP		
TITLE	COB	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERLANTI, DONALD V		2.2 NAME		
STREET ADDRESS	145 BARRANCA RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTE FE NM 87501		2.4 CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, JOHN P JR		3.2 NAME		
STREET ADDRESS	1951 S PARFET DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO 80227		3.4 CITY-ST-ZIP		
TITLE	SA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, KARINA		4.2 NAME		
STREET ADDRESS	8056 S. KRAMERIA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112		4.4 CITY-ST-ZIP		
TITLE	SA	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANCAMP, KARINA		5.2 NAME		
STREET ADDRESS	8056 S. KRAMERIA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80112		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTEUCCI, BESSIE		6.2 NAME		
STREET ADDRESS	3175 WAIALAE AVE., #304		6.3 STREET ADDRESS		
CITY-ST-ZIP	HONOLULU HI 96816		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. 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 _____ Karina Nelson 3/23/98 5/14/98

CR2E034 (10/97)