Signature, typed or primed name of mightered open and the if applicable.         (NOTE: Registered Agent applicable: regulated medicabling)         DATE           OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           E         P		NOW: FILING PROFIT RPORATION JAL REPORT 1999		FLORIDA DEPARTI Katherine Secretary DIVISION OF CO	MENT OF STATE Harris of State	FILI Mar 23, 19 Secretary 03-23-1999 90039	99 8:00 of Sta	
	Corporation	MENT # P1	6414					
Incide II Subsets         Mailing Address           SAMANDA V/F 200         C4 S SAVIONA V/F 200           ADENA CA 91105 2538         C4 S SAVIONA V/F 200           Principal Place of Busines         22, Mailing Address           22, Mailing Address         4 FE F Nomber           3019/9/9/37         Applied Company           2319         Satis, Apt. #, etc.           270         Country           270         Country <th>FALCON</th> <th>HOLDING GROU</th> <th>P, INC.</th> <th></th> <th></th> <th>I TOTALOGIA DEL DELLO DELLO</th> <th>10)  0]0   0]0   0]0   0]1</th> <th>AN AINI NAN</th>	FALCON	HOLDING GROU	P, INC.			I TOTALOGIA DEL DELLO	10)  0]0   0]0   0]0   0]1	AN AINI NAN
ADDIVA CA \$1105-X33         PASADEMA CA \$1105-X33         DO NOT WRITE IN THIS SPACE           Principal Place of Business         22. Mailing Address         4. FEI Number         10/13/19/87.           Principal Place of Business         22. Mailing Address         4. FEI Number         10/13/19/87.           State, A.H. # dit.         Suite, A.H. # dit.         Suite, A.H. # dit.         5. Certificate of State Desired         5. Soite Address of State Desired         5. Certificate Desired         5. Certificate Of State Desired	incipal Place	e of Business	Maili	ng Address				
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Principal Place of Business 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							THIS SPACE	
Principal indices       95-4072160       Invextment applicable         Suite, Apt. #, etc.       2       Suite, Apt. #, etc.       2       Suite, Apt. #, etc.       5       Certificate of Status Desired,	<u></u>		20.6	Aniling Address				lied For
City & State       27       City & State	Principal Pl	lace of Business					Not	Applicable
City & State       City & State       City & State       Elector company       State       Addet by Fees         Zip       Zip       Zip       Country       2ip       Country       8. This concention owns the current year interpolie       None       Addet by Fees       No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         Cf CORPORATION SYSTEM 1200 S. Pike ISLAND ROAD       12       Street Address (P.O. Box Humber is Not Acceptable)       10	Suite, Apt.	#, etc.		uite, Apt. #, etc.		5. Certifcate of Status Desired		
Zip       Country       Zip       Country       8. This corporation owes the current year intrangible       No         9. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Name and Address of New Registered Agent         1200 S. PINE ISLAND ROAD       92       Street Address (P.O. Box Number is Not Acceptable)       93         PLANTATION FL 33324       93       94       City       FL       est       Zip Code         Pursuant to the provisions of Sections 607.0502 and 607.1508. Floreds Statutes, the absorbarmed corporation submits this statement for the purpose of changing its registered agent, i and finality with, and accept the obligations of Section 67.0506. Floreds Statutes.       Street Address (P.O. Box Number is Not Acceptable)         Pursuant to the provisions of Sections 607.0502 and 607.1508. Floreds Statutes, the absorbarmed corporation submits this statement for the purpose of changing its registered agent, i and finality with, and acceptable of Section 67.0506. Floreds Statutes.       Street Address. Floreds Statutes.         CORFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         INTESO, FRAMK J       DELETE       11mL       21mLE       Change       Addition         V105 ANGELES CA S0024       Change       21mLE       21mLE       Change       Addition         V67:20       LOS ANGELES CA S0024       C	City & State	e		City & State	·			
28         29         30         Personal Property Tax.         Ore         Non           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           CT CORPORATION SYSTEM IZOD S. PNE ISLAND ROAD PLANTATION FL 33324         61         Name         62         Streat Address (P. O. Box Number is Not Acceptable)           63         64         City         FL         85         Z/P Code           64         City         FL         85         Z/P Code           65         64         City         FL         85         Z/P Code           64         City         FL         85         Z/P Code         FL         85         Z/P Code           7         Presume to the provisions of Sections 607.0502, Florida Statutes, the appointment #s registered         86         City and appointment #s registered           65         P         OFFICERS AND DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           6         DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           6         V         OFFICERS AND DIRECTORS IN 12         Change         Addition           75:72         DOS WILSHIRE BLVD, #1500         133/8/EFTAUDRESS	Zip	Countr			Country		ar Intangible	
OF Name       81       Name         CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324       81       Name         B2       Street Address (P.O. Box Number is Not Acceptable)       83         B4       City       FL       85         B4       City       FL       85       20 Code         B4       Name       City       FL       85       20 Code					0			
Stephature, type of grinted name of applications       (NOTE: Regretered Aged signature registered Aged signature regristered Aged signature registered aged age					84 City		85 Zip C	ode
E       P       Onlocid of Nature 1       Intrue       Intrue <th>office or n agent. I a</th> <th>enistered prient or hoth</th> <th>in the State of Florida.</th> <th>Such change was aut</th> <th>, the above-named cor</th> <th>poration submits this statement for the purpos ion's board of directors. I hereby accept the a</th> <th><b>FL</b>   se of changing its r appointment as reg</th> <th>registered jistered</th>	office or n agent. I a	enistered prient or hoth	in the State of Florida.	Such change was aut	, the above-named cor	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	<b>FL</b>   se of changing its r appointment as reg	registered jistered
EET ADDRESS       10900 WILSHIRE BLVD, #1500       13 STREET ADDRESS         V:ST-ZP       LOS ANGELES CA 90024       14 CTV-ST-ZP         Le       V       DELETE       21 TTLE         JOHNSON, JOE       22 NAME       24 CTV-ST-ZP         LOS ANGELES CA 90024       24 CTV-ST-ZP         V:ST-ZP       LOS ANGELES CA 90024       24 CTV-ST-ZP         LE       S       DELETE       31 TTLE         V:ST-ZP       LOS ANGELES CA 90024       24 CTV-ST-ZP         LE       S       DELETE       31 TTLE         WE       MENEREY, MICHAEL K.       32 NAME         WE       DELETE       31 TTLE       Change         V:ST-ZP       DASADENA CA       34 CTV-ST-ZP         V:ST-ZP       D       DELETE       41 TTLE         V:ST-ZP       DOW WILSHIRE BLVD., #1200       33 STREET ADDRESS         V:ST-ZP       DOW WILSHIRE BLVD., #1500       43 STREET ADDRESS         V:ST-ZP       LOS ANGELES CA       DELETE       51 TTLE         USA NGELES CA       DELETE       53 STREET ADDRESS       VST-ZP         V:ST-ZP       LOS ANGELES CA       Change       Addition         V:ST-ZP       DELETE       51 STREET ADDRESS       VST-ZP <t< td=""><td>office or re agent. I as IGNATURE</td><td>registered agent, or both im familiar with, and acc Signature, typed or printed name</td><td>i, in the State of Florida. ept the obligations of, S e of registered agent and title if a</td><td>Such change was aut ection 607.0505, Florid pplicable. (NOTE: R</td><td>, the above-named cornorized by the corporat a Statutes.</td><td>ed when reinstating)</td><td>E</td><td></td></t<>	office or re agent. I as IGNATURE	registered agent, or both im familiar with, and acc Signature, typed or printed name	i, in the State of Florida. ept the obligations of, S e of registered agent and title if a	Such change was aut ection 607.0505, Florid pplicable. (NOTE: R	, the above-named cornorized by the corporat a Statutes.	ed when reinstating)	E	
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AT4 S RAYMOND AVE., #200       3.3 STREET ADDRESS         Y-ST-ZP       PASADENA CA         LE       D         ITSKOWITCH, STANLEY       4.1 TITLE         ME       ID900 WILSHIRE BLVD., #1500         Y-ST-ZP       LOS ANGELES CA         LE       D         V-ST-ZP       LOS ANGELES CA         LE       DELETE         Street ADDRESS       44 CITY-ST-ZIP         LOS ANGELES CA       44 CITY-ST-ZIP         LE       DELETE         Street ADDRESS       5.3 STREET ADDRESS         Y-ST-ZIP       DELETE         LE       DELETE         Street ADDRESS       5.3 STREET ADDRESS         Y-ST-ZIP       Change         LE       Street ADDRESS         Y-ST-ZIP       DELETE         LE       Street ADDRESS         Y-ST-ZIP       Street ADDRESS         KE       Street ADDRESS         Y-ST-ZIP       Street ADDRESS         KE       Street ADDRESS         Y-ST-ZIP       Change         LE       Street ADDRESS         Y-ST-ZIP       Statutes and transition 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 in	office or r agent. I a GNATURE C. LE WE XEET ADDRESS Y-ST-ZIP LE ME	egistered agent, or both m familiar with, and acc Signature, hyped or printed name P INTISO, FRANK J 10900 WILSHIRE B LOS ANGELES CA V JOHNSON, JOE 10900 WILSHIRE B	, in the State of Florida. ept the obligations of, S of registered agent and title if a PFFICERS AND DIREC LVD, #1500 90024	Such change was auto ection 607.0505, Florid pplicable. (NOTE: R TORS	, the above-named comporized by the corporat a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	E S AND DIRECTOR Change	RS IN 12
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LE       D       DELETE       4.1 TTLE       Change       Addition         ME       ITSKOWITCH, STANLEY       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         10900 WILSHIRE BLVD., #1500       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       Change       Addition         LE       DELETE       5.1 TTLE       Change       Addition         ME       STREET ADDRESS       5.3 STREET ADDRESS       Change       Addition         V-ST-ZIP       DELETE       5.1 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         ME       STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         ME       DELETE       6.1 TTLE       Change       Addition         ME       STREET ADDRESS       6.3 STREET ADDRESS       Change       Addition         Y-ST-ZIP       Change       6.1 TTLE       Change       Addition         ME       STREET ADDRESS       6.3 STREET ADDRESS       Change       Addition         Y-ST-ZIP       K. 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 outprint 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 of officer or the copporatio	office or n agent. I a GNATURE         	egistered agent, or both m familiar with, and acc Signature, typed or printed name P INTISO, FRANK J 10900 WILSHIRE B LOS ANGELES CA V JOHNSON, JOE 10900 WILSHIRE B LOS ANGELES CA S MENEREY, MICHAE	, in the State of Florida. ept the obligations of, S e of registered agent and title if a DFFICERS AND DIREC LVD, #1500 90024 LVD., #1500 90024 EL K.	Such change was auti ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE	, the above-named comporized by the corporat a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	E S AND DIRECTON Change	RS IN 12
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LE       DELETE       5.1 TTLE       Change       Addition         ME       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS       54 CTY-ST-ZIP         LE       DELETE       6.1 TTLE       Change       Addition         ME       0 DELETE       6.1 TTLE       Change       Addition         V-ST-ZIP       DELETE       6.1 TTLE       Change       Addition         ME       0 DELETE       6.1 TTLE       Change       Addition         V-ST-ZIP       6.1 TTLE       0 Change       Addition         WE       6.2 NAME       6.3 STREET ADDRESS       6.4 CTY-ST-ZIP         Y-ST-ZIP       Y       K       1 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 on 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	office or n agent. I au GNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE	egistered agent, or both m familiar with, and acc Signature, typed or printed name C P INTISO, FRANK J 10900 WILSHIRE B LOS ANGELES CA V JOHNSON, JOE 10900 WILSHIRE B LOS ANGELES CA S MENEREY, MICHAE 474 S RAYMOND A PASADENA CA D	, in the State of Florida. ept the obligations of, S e of registered agent and title if a DFFICERS AND DIREC LVD, #1500 90024 LVD., #1500 90024 EL K. LVE., #200	Such change was auti ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE	, the above-named comporized by the corporat a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	E S AND DIRECTON Change	RS IN 12
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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	office or n agent. I a GNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	egistered agent, or both m familiar with, and acc Signature, hyped or printed name O INTISO, FRANK J 10900 WILSHIRE B LOS ANGELES CA V JOHNSON, JOE 10900 WILSHIRE B LOS ANGELES CA S MENEREY, MICHAE 474 S RAYMOND A PASADENA CA D ITSKOWITCH, STAI 10900 WILSHIRE B LOS ANGELES CA	, in the State of Florida. ept the obligations of, S e of registered agent and title if a DFFICERS AND DIREC LVD., #1500 90024 LVD., #1500 90024 EL K. LVE., #200	Such change was auti ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE	, the above-named corporated by the corporated as Statutes.         egistered Agent signature required in the second sec	ed when reinstating)	E S AND DIRECTON Change	RS IN 12 Addition
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