

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P20348** (9)
1. Corporation Name
PACIFICO CREATIVE SERVICE, INC.

95 FEB -7 PM 3: 27

Principal Place of Business	Mailing Address
300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245	300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/04/1988	3a. Date of Last Report 02/10/1994
4. FEI Number 99-0143950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SAITO, KEICHI
80 S. WEST 8TH ST.
MIAMI FL 33130

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OKAGAWA, HIROAKI
STREET ADDRESS	300 N CONTINENTAL #410
CITY - ST - ZIP	EL SEGUNDO CA
TITLE	VD
NAME	AWANOHARA, KAN
STREET ADDRESS	300 N. CONTINENTAL #410
CITY - ST - ZIP	EL SEGUNDO CA
TITLE	AST
NAME	HAMA, HIROTOSHI
STREET ADDRESS	300 N. CONTINENTAL #410
CITY - ST - ZIP	EL SEGUNDO CA
TITLE	SD
NAME	KASHIWA, GENRO
STREET ADDRESS	130 MERCHANT STREET
CITY - ST - ZIP	HONOLULU HI
TITLE	D
NAME	YAMASHITA, YOHEI
STREET ADDRESS	300 N. CONTINENTAL #410
CITY - ST - ZIP	EL SEGUNDO CA
TITLE	D
NAME	KOMATSU, SHIGEHICO
STREET ADDRESS	300 N. CONTINENTAL #410
CITY - ST - ZIP	EL SEGUNDO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: *Hirotoshi Hama* HIROTOSHI HAMA 01/24/95 (310)606-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR