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**Feb 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245**
Mailing Address: **300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245-5064**

3. Date Incorporated or Qualified: **08/04/1988** 3a. Date of Last Report: **03/28/1996**
4. FEI Number: **99-0143950** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **SAITO, KEIICHI 80 S. WEST 8TH ST. MIAMI FL 33130**
10. Name and Address of New Registered Agent: **81 Name: SAITO, KEIICHI 80 S. WEST 8TH ST. MIAMI FL 33130 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: MIAMI FL 85 Zip Code: 33130**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	OKUDE, MICHIO	1.1 TITLE:	
NAME:	300 CONTINENTAL BLVD., SUITE 410	1.2 NAME:	
STREET ADDRESS:	EL SEGUNDO CA 90245	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: VD	AWANOHARA, KAN	2.1 TITLE:	ST
NAME:	300 N. CONTINENTAL #410	2.2 NAME:	SEIICHI TAKENAKA
STREET ADDRESS:	EL SEGUNDO CA	2.3 STREET ADDRESS:	300 CONTINENTAL BLVD #410
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	EL SEGUNDO, CA
TITLE: AST	HAMA, HIROTOSHI	3.1 TITLE:	D
NAME:	300 N. CONTINENTAL #410	3.2 NAME:	PETER KASHIWA
STREET ADDRESS:	EL SEGUNDO CA	3.3 STREET ADDRESS:	300 CONTINENTAL BLVD #410
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	EL SEGUNDO, CA
TITLE: SD	KASHIWA, GENRO	4.1 TITLE:	D
NAME:	130 MERCHANT STREET	4.2 NAME:	AKIO NAKAMURA
STREET ADDRESS:	HONOLULU HI	4.3 STREET ADDRESS:	300 CONTINENTAL BLVD #410
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	EL SEGUNDO, CA
TITLE: D	YAMASHITA, YOHEI	5.1 TITLE:	D
NAME:	300 N. CONTINENTAL #410	5.2 NAME:	SHINJI WATARAI
STREET ADDRESS:	EL SEGUNDO CA	5.3 STREET ADDRESS:	300 CONTINENTAL BLVD #410
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	EL SEGUNDO, CA
TITLE: D	KOMATSU, SHIGENIKO	6.1 TITLE:	
NAME:	300 N. CONTINENTAL #410	6.2 NAME:	
STREET ADDRESS:	EL SEGUNDO CA	6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do 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: _____ DATE: **2/10/97** (310) 606-5316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SEIICHI TAKENAKA** Daytime Phone #

CR2E034 (9/96)