

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

**FILED**

**May 28 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20348 (9)**

1. Corporation Name  
**PACIFICO CREATIVE SERVICE, INC.**



Principal Place of Business <b>300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245</b>	Mailing Address <b>300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/04/1988</b>	
4. FEI Number <b>99-0143950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>OKUDE, MICHIO</b>	
STREET ADDRESS	<b>300 CONTINENTAL BLVD., SUITE 410</b>	
CITY-ST-ZIP	<b>EL SEGUNDO CA 90245</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>TAKENAKA, SEICHI</b>	
STREET ADDRESS	<b>300 CONTINENTAL BLVD., #410</b>	
CITY-ST-ZIP	<b>EL SEGUNDO CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KASHIWA, PETER</b>	
STREET ADDRESS	<b>800 CONTINENTAL BVL.D., #410</b>	
CITY-ST-ZIP	<b>EL SEGUNDO CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NAKAMURA, AKIO</b>	
STREET ADDRESS	<b>300 CONTINENTAL BLVD., #410</b>	
CITY-ST-ZIP	<b>HONOLULU HI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATARAI, SHINJI</b>	
STREET ADDRESS	<b>300 CONTINENTAL BLVD., #410</b>	
CITY-ST-ZIP	<b>EL SEGUNDO CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 \_\_\_\_\_

CFR2E034 (10/97)