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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P20348**

1. Corporation Name
PACIFICO CREATIVE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/04/1988	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 390 n. SEPULVEDA #	26 390 N. SEPULVEDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 2000	27 2000
City & State	City & State
23 EL SEGUNDO, CA	28 EL SEGUNDO, CA
Zip Country	Zip Country
24 90245 LA	29 90245 LA
25	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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKUDE, MICHIO	1.2 NAME	KOJIMA, YUZO
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 410	1.3 STREET ADDRESS	390 N. SEPULVEDA., SUITE 2000
CITY-ST-ZIP	EL SEGUNDO CA 90245	1.4 CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKENAKA, SEICHI	2.2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., #410	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHIWA, PETER	3.2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., #410	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, AKIO	4.2 NAME	SHINMACHI, KOJI
STREET ADDRESS	300 CONTINENTAL BLVD., #410	4.3 STREET ADDRESS	390 N. SEPULVEDA, SUITE 2000
CITY-ST-ZIP	HONOLULU HI	4.4 CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATARAI, SHINJI	5.2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., #410	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SEICHI TAKENAKA 1/20/99 (310)606-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)