

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P22454** (3)

1. Corporation Name

TRADITIONAL IMPORTS SHOWROOMS, LTD. INC.



Principal Place of Business

**2558 SAN FERNANDO ROAD
LOS ANGELES CA 90065**

Mailing Address

**2558 SAN FERNANDO ROAD
LOS ANGELES CA 90065**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.01407 and 607.1505, Florida Statutes, this 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

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	CHASE, STEVEN	
STREET ADDRESS	860 N. HIGHLAND	
CITY-STATE-ZIP	LOS ANGELES CA	
TITLE	SD	☐ DELETE
NAME	GARCIA, MARIANO	
STREET ADDRESS	860 N. HIGHLAND	
CITY-STATE-ZIP	LOS ANGELES CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-STATE-ZIP	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	☐ Change ☐ Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-STATE-ZIP	☐ Change ☐ Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-STATE-ZIP	☐ Change ☐ Addition
61 NAME	
62 STREET ADDRESS	
63 CITY-STATE-ZIP	☐ Change ☐ Addition

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 115.07(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 registered business 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)