


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

FILED

Apr 18 1997 8:00am
Secretary of State

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P31348 (6) | | | | | |
| 1. Corporation Name ARAGON FINANCIAL SERVICES, INC. | | | | | |
| Principal Place of Business 555 POINTE DRIVE BLDG. 3, SUITE 204 BREA CA 92621 | | | Mailing Address 555 POINTE DRIVE BLDG. 3, SUITE 204 BREA CA 92621-3673 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/28/1990 | |
| 21 | | 26 | | 3a. Date of Last Report 02/27/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 74-2305710 | |
| 22 | | 27 | | Applied For Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent MCCONNELL, LEWIS 1640 SW 67TH AVE PLANTATION FL 33317 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City FL 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 reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 1.2 NAME CPS | | | | | |
| 1.3 STREET ADDRESS LISH, DOUGLAS L. | | | | | |
| 1.4 CITY-ST-ZIP 7316 AVENIDA JUAREZ | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME VCT | | | | | |
| 2.3 STREET ADDRESS MYER, ROBERT | | | | | |
| 2.4 CITY-ST-ZIP 10222 PINEHURST DR. | | | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 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: Douglas L. Lish President 4/10/97 714-257-2266 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____ | | | | | |



CR2E034 (9/96)