

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

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33855 (8)**  
 1. Corporation Name  
**CANASA TRADING CORPORATION**



Principal Place of Business <b>350 S BUENA VISTA ST BURBANK CA 91521 US</b>	Mailing Address <b>500 SOUTH BUEN VISTA STREET BURBANK CA 91521-0001 US</b>
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3. Date Incorporated or Qualified <b>05/07/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-2656934</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent  
**IOPPOLO, FRANK S.  
1375 BUENA VISTA DR.  
4TH FLOOR NORTH; ATTN: LEGAL DEPT.  
LAKE BUENA VISTA FL 32830**

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOYD, BARTON K.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY - ST - ZIP	<b>BURBANK CA 91521</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LITVACK, SANFORD M.</b>	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	
CITY - ST - ZIP	<b>BURBANK CA 91521</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, MARSHA L</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY - ST - ZIP	<b>BURBANK CA 91521</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELBOURN, ALVIN L.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY - ST - ZIP	<b>BURBANK CA 91521</b>	

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 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: **Marsha L. Reed** *Marsha L. Reed* 3-25-97 (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)