03-04-1999 90186 045 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38237

1. Corporation	Name									
ROCHLIN	I BARAN & BALBONA INC.									ars 41411 (441
Principal Place	e of Business	Mailing	Address				-			All diali logi
10980 WILSHIRE BLVD 10980 WILSHIRE BLVD										
LOS ANGELES CA 90024 LOS ANGELES CA 90024							DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed			
							04/02/1992			
Principal Place of Business 2a. Mailing Address					,		4. FEI Number		App	olied For
21	ade of Basilious	26					95-2274729		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							★ [\$8	3.75 A	dditional	
27						5. Certifcate of Status Desired		Fee Rec		
			& State	state			6. Election Campaign Financing	\$	5.00 N	мау Ве
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country			8. This corporation owes the current		le	. .
24	25	29		30			Personal Property Tax.	<u> </u>		XNo
	9. Name and Address of Curren	t Registere	d Agent				10. Name and Address of New Rec	jistered Agen	<u>t </u>	
0416	SONA NELCON			81	Name					
BALBONA, NELSON			82	Street	eet Address (P.O. Box Number is Not Acceptable)					
11701 NW 100 RD., MEDLEY FL 33178			_					<u>.</u>		
MED	LET FL 331/8			83						
				84	City			85	Zip C	ode
					l			FL_ °°	<u> </u>	
office or r	egistered agent or both, in the State (of Florida. S	uch change was au	ithorized by	the corpo	corpor oration	ration submits this statement for the pu 's board of directors. I hereby accept t	irpose of chan he appointmet	jing its r it as reg	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Sec	tion 607.0505, Flori	ida Statutes			•	• •		-
SIGNATURE								DATE		\
12.	Signature, typed or printed name of registered agen OFFICERS AN		,	13.	n signature r	required	when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12
TITLE	V	DUNLOTO	☐ DELETE	1.1 TITLE		C.		••	Change	Addition
NAME	BORDER, ARTHUR E	_		1.2 NAME			LACKIA LOSEPHA			,
STREET ADDRESS.	•			1.3 STREET ADDRESS 10		LBONA, JOSEPH A. 280 WILSHIRE BLVD. 5 ANGELES, CA 90024				
	LOS ANGLES CA 90024			14 CITY-ST-ZIP		S ANGELES CA 90024	*		-	
CITY-ST-ZIP TITLE	P			2.1 TITLE	2.1 TITLE		374132-00,01700-		Change	☐ Addition
NAME	_		2.2 NAME		-					
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS						
CITY-ST-ZIP			2. 4 CITY-S							
TITLE			3.1 TITLE					Change	Addition	
NAME.	V DELETE 3.1 PURCELL, WILLIAM DENEYS 3.2		3.2 NAME							
STREET ADDRESS	10980 WILSHIRE BLVD.			3.3 STREET	T ADORESS]				
CITY-ST-ZIP		LOS ANGELES CA 90024		3.4. CITY-S	3.4. CITY-ST-ZIP					
TITLE	□ oc. crr		4.1 TITLE	4.1 TITLE		-		Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					
TITLE			☐ DELETE	51 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TADDRESS					Ì
CITY-ST-ZIP				5.4 CITY-S	T-ZiP					
TITLE			☐ DELETE	6.1 TITLE			•		Change	☐ Addition
NAME				6.2 NAME		I				ſ

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 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS