

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000023404 (5)**  
1. Corporation Name  
**TENGA TACO, INC.**



Principal Place of Business  
**17901 VAN KARMAN  
IRVINE CA 92714  
US**

Mailing Address  
**17901 VAN KARMAN  
IRVINE CA 92614-6253**

3. Date Incorporated or Qualified <b>03/29/1993</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>33-0569860</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 SAME AS ABOVE</b>	2a. Mailing Address <b>26 SAME AS ABOVE</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name <b>N/A</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODMAN, RICHARD</b>	
STREET ADDRESS	<b>17901 VON KARMAN</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, GREGORY N</b>	
STREET ADDRESS	<b>17901 VON KARMAN</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, RICHARD A</b>	
STREET ADDRESS	<b>17901 VON KARMAN</b>	
CITY-ST-ZIP	<b>IRVINE CA 92714</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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: \_\_\_\_\_ **SIGNATURE REQUIRED** **2/3/97** **714 803 4083**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

## **Tenga Taco Officers and Directors**

<u><b>Name</b></u>	<u><b>Title</b></u>
(Vacant)	President
Gregory N. Moore 5 Recodo Irvine, CA 92720	Vice President, Treasurer and Director
Richard A. Smith #75 Blue Lagoon Laguna Beach, CA 92677	Vice President, Secretary and Director
Bridgette A. Berry-Smith 609 Palm Circle Compton, CA 90220	Assistant Secretary
Gaynor J. Ryan 19166 Sierra Maria Irvine, CA 92715	Assistant Secretary
R. Bryce Shirley 13692 Andele Irvine, CA 92720	Assistant Secretary
Steven L. Emmons 29622 Alta Terra Laguna Niguel, CA 92677	Assistant Secretary
Laurence Gerich 33595 Sundown Court Dana Point, CA 92629	Assistant Secretary
Pamela R. Milner 901 Almond Place Newport Beach, CA 92660	Assistant Secretary
<b>Business address of all above:</b>	Tenga Taco 17901 Von Karman Avenue Irvine, CA 92714