

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

**APPROVED  
AND  
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95 APR 27 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morfitt  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V70257** (3)  
 1. Corporation Name  
**BUENA VISTA TRADING COMPANY**

Principal Place of Business Mailing Address  
 1375 BUENA VISTA DR 500 S BUENA VISTA ST  
 4TH FLOOR-N 4TH FLOOR N  
 LAKE BUENA VISTA FL 32830 BURBANK CA 91521-0340  
 US US

DO NOT WRITE IN THIS SPACE.

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

3. Date incorporated or Qualified 10/12/1992 3a. Date of Last Report 05/01/1994  
 4. FEI Number 59-3145676 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 IOPPOLO, FRANK S  
 1375 BUENA VISTA DR  
 4TH FLOOR N  
 LAKE BUENA VISTA FL 32380

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	1.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMMELL, PETER S	2.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	2.4 CITY - ST - ZIP	
TITLE	ASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	3.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOATE II, M. RICKLIFFE	4.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL	4.4 CITY - ST - ZIP	
TITLE	<del>XXXXXXXXXXXX</del>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>XXXXXXXXXXXX</del>	5.2 NAME	AT HUGHES, DAVID A.
STREET ADDRESS	<del>XXXXXXXXXXXX</del>	5.3 STREET ADDRESS	500 S. BUENA VISTA STREET
CITY - ST - ZIP	<del>XXXXXXXXXXXX</del>	5.4 CITY - ST - ZIP	BURBANK, CA 91521
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 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 4/19/95 (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 607, Florida Statutes  
 Marsha L. Reed