

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

2. Principal Place of Business: **21 200 CELEBRATION PLACE**
Suite, Apt. # etc.:
City & State: **23 CELEBRATION, FL**
Zip: **24 34747** Country: **25 USA**
2a. Mailing Address: **26 500 SOUTH BUENA VISTA STREET**
Suite, Apt. #, etc.:
City & State: **28 BURBANK, CA**
Zip: **29 91521-0586** Country: **30 USA**

3. Date Incorporated or Qualified: **10/12/1992**
3a. Date of Last Report: **04/27/1995**
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:
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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 is required when filing.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUMMELL, PETER S	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHOATE II, M. RICKLIFFE	
STREET ADDRESS	1375 BUENA VISTA DR	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID A.	
STREET ADDRESS	500 S. BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GRISMER, PATRICK J.
53 STREET ADDRESS	200 CELEBRATION PLACE
54 CITY-ST-ZIP	CELEBRATION, FL 34747
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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** *Marsha L. Reed* 4/18/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)