

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V70257 (3)**

1. Corporation Name: **BUENA VISTA TRADING COMPANY**



Principal Place of Business <b>200 CELEBRATION PLACE 4TH FLOOR-N CELEBRATION FL 34747 US</b>	Mailing Address <b>500 SOUTH BUENA VISTA ST 4TH FLOOR N BURBANK CA 91521-0001 US</b>
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3. Date Incorporated or Qualified <b>10/12/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3145676</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>200 Celebration Place</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>500 S. Buena Vista St.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Celebration, FL</b>	27 City & State 28 <b>Burbank, CA</b>
24 <b>34747</b> 25 <b>USA</b>	29 <b>91521-0586</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S  
1375 BUENA VISTA DR  
4TH FLOOR N  
LAKE BUENA VISTA FL 32880**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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>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</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RUMMELL, PETER S</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>
CITY - ST - ZIP	<b>BURBANK CA</b>
TITLE	<b>ASD</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</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHOATE II, M. RICKLIFFE</b>
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>
CITY - ST - ZIP	<b>LAKE BUENA VISTA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GRISMER, PATRICK J.</b>
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>
CITY - ST - ZIP	<b>CELEBRATION FL</b>
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>91521</b>
2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Matthew A. Ouimet</b>
2.3 STREET ADDRESS	<b>1375 Buena Vista Dr.</b>
2.4 CITY - ST - ZIP	<b>Lake Buena Vista, FL 32830</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>91521</b>
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Ilese S. Meltzer</b>
4.3 STREET ADDRESS	<b>1375 Buena Vista Dr.</b>
4.4 CITY - ST - ZIP	<b>Lake Buena Vista, FL 32830</b>
5.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Matthew T. Gibbs, II</b>
5.3 STREET ADDRESS	<b>200 Celebration Place</b>
5.4 CITY - ST - ZIP	<b>Celebration, FL 34747</b>
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(9)(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)