

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90052 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V70257 OK**

1. Corporation Name

**BUENA VISTA TRADING COMPANY**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/92**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **200 CELEBRATION PLACE**

Suite, Apt. #, etc.

22

City & State

23 **CELEBRATION, FL**

Zip Country

24 **34747** 25 **USA**

2a. Mailing Address

26 **500 SOUTH BUENA VISTA STREET**

Suite, Apt. #, etc.

27

City & State

28 **BURBANK, CA**

Zip Country

29 **91521-0586** 30 **USA**

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S.**  
**1375 BUENA VISTA DRIVE**  
**4TH FLOOR NORTH**  
**LAKE BUENA VISTA, FL 32830**

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 607.1508, 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 **PD**  DELETE  
 NAME **WEISS, ALLEN R.**  
 STREET ADDRESS: **200 CELEBRATION PLACE**  
 CITY-ST-ZIP: **CELEBRATION, FL 34747**

TITLE **S**  DELETE  
 NAME **MELTZER FLAMM, ILESE**  
 STREET ADDRESS: **1375 BUENA VISTA DRIVE**  
 CITY-ST-ZIP: **LAKE BUENA VISTA, FL 32830**

TITLE **T**  DELETE  
 NAME **GIBBS II, MATTHEW T.**  
 STREET ADDRESS: **200 CELEBRATION PLACE**  
 CITY-ST-ZIP: **CELEBRATION, FL 34747**

TITLE **D**  DELETE  
 NAME **LITVACK, SANFORD M.**  
 STREET ADDRESS: **500 SOUTH BUENA VISTA STREET**  
 CITY-ST-ZIP: **BURBANK, CA 91521**

TITLE **ASD**  DELETE  
 NAME **REED, MARSHA L.**  
 STREET ADDRESS: **500 SOUTH BUENA VISTA STREET**  
 CITY-ST-ZIP: **BURBANK, CA 91521**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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(1)(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marsha L. Reed*

4-15-99

Date

( daytime Phone #

**(818) 560-1000**

CR2E034 (1/98)