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Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P20348 (9)  
1. Corporation Name  
PACIFICO CREATIVE SERVICE, INC.



Principal Place of Business: 300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245  
Mailing Address: 300 NORTH CONTINENTAL BLVD. SUITE 410 EL SEGUNDO CA 90245-5064

3. Date Incorporated or Qualified: 08/04/1988  
3a. Date of Last Report: 03/28/1996  
4. FEI Number: 99-0143950  
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

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

9. Name and Address of Current Registered Agent: SAITO, KEIICHI, 80 S. WEST 8TH ST., MIAMI FL 33130  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OKUDE, MICHIO 300 CONTINENTAL BLVD., SUITE 410 EL SEGUNDO CA 90245	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD AWANOHARA, KAN 300 N. CONTINENTAL #410 EL SEGUNDO CA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ST SEIICHI TAKENAKA
STREET ADDRESS		2.3 STREET ADDRESS	300 CONTINENTAL BLVD #410
CITY-ST-ZIP		2.4 CITY-ST-ZIP	EL SEGUNDO, CA
TITLE	AST HAMA, HIROTOSHI 300 N. CONTINENTAL #410 EL SEGUNDO CA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PETER KASHIWA
STREET ADDRESS		3.3 STREET ADDRESS	300 CONTINENTAL BLVD #410
CITY-ST-ZIP		3.4 CITY-ST-ZIP	EL SEGUNDO, CA
TITLE	SD KASHIWA, GENRO 130 MERCHANT STREET HONOLULU HI	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D AKIO NAKAMURA
STREET ADDRESS		4.3 STREET ADDRESS	300 CONTINENTAL BLVD #410
CITY-ST-ZIP		4.4 CITY-ST-ZIP	EL SEGUNDO, CA
TITLE	D YAMASHITA, YOHEI 300 N. CONTINENTAL #410 EL SEGUNDO CA	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D SHINJI WATARAI
STREET ADDRESS		5.3 STREET ADDRESS	300 CONTINENTAL BLVD #410
CITY-ST-ZIP		5.4 CITY-ST-ZIP	EL SEGUNDO, CA
TITLE	D KOMATSU, SHIGENIKO 300 N. CONTINENTAL #410 EL SEGUNDO CA	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 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: SEIICHI TAKENAKA 2/10/97 (310) 606-5316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)