

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90071 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P20348**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/04/1988**

4. FEI Number **99-0143950** 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 **390 n. SEPULVEDA #** Suite, Apt. #, etc.

22 **2000** City & State

23 **EL SEGUNDO, CA** City & State

24 **90245** Zip **LA** Country

25 **LA** Country

26 **390 N. SEPULVEDA** Suite, Apt. #, etc.

27 **2000** City & State

28 **EL SEGUNDO, CA** City & State

29 **90245** Zip **LA** Country

30 **LA** Country

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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKUDE, MICHIO	1.2 NAME	KOJIMA, YUZO
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 410	1.3 STREET ADDRESS	390 N. SEPULVEDA., SUITE 2000
CITY-ST-ZIP	EL SEGUNDO CA 90245	1.4 CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKENAKA, SEICHI	2.2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., #410	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHIWA, PETER	3.2 NAME	
STREET ADDRESS	300 CONTINENTAL BULD., #410	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAMURA, AKIO	4.2 NAME	SHINMACHI, KOJI
STREET ADDRESS	300 CONTINENTAL BLVD., #410	4.3 STREET ADDRESS	390 N. SEPULVEDA, SUITE 2000
CITY-ST-ZIP	HONOLULU HI	4.4 CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATARAI, SHINJI	5.2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., #410	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: SEICHI TAKENAKA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (310)606-5300  
 Date Daytime Phone #

CR2E034 (1/198)