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

APPROVED AND FILED
96 MAY -1 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005967 (4)

1. Corporation Name
IMPACT BEVERAGES INC.

Principal Place of Business	Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130	1036 S.W. 1 ST. MIAMI FL 33130

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORSLWAY
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI FLORIDA,	City & State 28 MIAMI FLORIDA,
Zip 24 33145 / Country 25 US.	Zip 29 33145 / Country 30 US.

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0533637 ☐ 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

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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] AMADA CANTERA LOPEZ.PRES
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GIAMMATTEI, GERMAN	
STREET ADDRESS	9139 S.W. 129TH LN.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	☐ DELETE
NAME	PRYOR, NEIL M	
STREET ADDRESS	1375 AUBURN ST.	
CITY-ST-ZIP	UPLAND CA 91784	
TITLE	SD	☐ DELETE
NAME	CONTOS, GEORGE D	
STREET ADDRESS	45 SUTTON PL., SOUTH	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TD	☐ DELETE
NAME	GIAMMATTEI, JAIME	
STREET ADDRESS	9139 S.W. 129TH LN.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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****200.00 ****200.00

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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: [signature] 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
GIAMMATTEI GERMAN