

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**96 MAY -1 PM 1:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION ANNUAL REPORT 1996**

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

**DOCUMENT # M40488 (2)**

1. Corporation Name  
**IMPACT DISTRIBUTORS, 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 CORAL WAY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **MIAMI FLORIDA,** 28 **MIAMI FLORIDA,**  
Zip Country Zip Country

24 **33145** 25 **US** 29 **33145** 30 **US.**

3. Date Incorporated or Qualified **10/23/1986** 3a. Date of Last Report **04/28/1995**

4. FEI Number **59-2730781** 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** 85 Zip Code **FL 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 607.0502, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ.** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIAMMATTEI, GERMAN</b>	
STREET ADDRESS	<b>9139 S.W. 129 LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GIAMMATTEI, GERMAN E</b>	
STREET ADDRESS	<b>9139 SW 129 LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GIAMMATTEI, MAURICIO</b>	
STREET ADDRESS	<b>9139 SW 129 LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>GIAMMATTEI, JAIME</b>	
STREET ADDRESS	<b>9139 SW 129 LANE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*[Handwritten: 4/29/96]*

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, or the controller, 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 as an attachment with an address.

SIGNATURE: *[Signature]* **GIAMMATTEI JAIME** DATE: **4/29/96**

CR2E034 (12/95)