

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

**APPROVED  
AND  
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**97 MAY -1 PM 1:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # M40488 (2)**  
1. Corporation Name  
**IMPACT DISTRIBUTORS, INC.**



Principal Place of Business: **2300 CORAL WAY MIAMI FL 33145**  
Mailing Address: **2300 CORAL WAY MIAMI FL 33145-3511**

3. Date Incorporated or Qualified: **10/23/1986**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2730781**  
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 2300 CORAL WAY**  
2a. Mailing Address: **26 2300 CORAL WAY**  
22 # **200**  
27 # **200**  
23 **MIAMI FLORIDA**  
28 **MIAMI FLORIDA**  
24 Zip **33145** Country **US**  
25 **US**  
29 Zip **33145** Country **US**  
30 **US**

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY #200 MIAMI FL 33145**

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]* **AMADA CANTERA LOPEZ, PRES** DATE: **4/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GIAMMATTEI, GERMAN</b>		1.2 NAME	
STREET ADDRESS: <b>9139 S.W. 129 LANE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GIAMMATTEI, GERMAN E</b>		2.2 NAME	<b>V/P/D/ GIAMMATTEI, GERMAN E</b>
STREET ADDRESS: <b>9139 SW 129 LANE</b>		2.3 STREET ADDRESS	<b>9139 SW 129 LANE</b>
CITY-ST-ZIP: <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE: <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GIAMMATTEI, MAURICIO</b>		3.2 NAME	<b>S/D/ PRYOR, NEIL M</b>
STREET ADDRESS: <b>9139 SW 129 LANE</b>		3.3 STREET ADDRESS	<b>1375 AUBURN ST,</b>
CITY-ST-ZIP: <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	<b>UPLAND, CA 91784</b>
TITLE: <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GIAMMATTEI, JAIME</b>		4.2 NAME	<b>900002167589--B</b>
STREET ADDRESS: <b>9139 SW 129 LANE</b>		4.3 STREET ADDRESS	<b>-05/06/97--01074--023</b>
CITY-ST-ZIP: <b>MIAMI FL</b>		4.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		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 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: *[Signature]* **SIGNATURE REQUIRED** DATE: **4/25/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAIME GIAMMATTEI - TREASURER**  
Daytime Phone #: **0203184**

CR2E034 (9/96)