

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
Tallahassee, FL 32399-0400

APPROVED  
AND  
FILED

MAY 10 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016793 (9)**

IMPERIAL BUSINESS PARK, INC.

Principal Name of Director: **% PETER T. CARLOS**  
999 PONCE DE LEON BLVD., SUITE 1150  
CORAL GABLES FL 33134

Mailing Address: **% PETER T. CARLOS**  
999 PONCE DE LEON BLVD., SUITE 1150  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>03/03/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0475604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation is a foreign corporation for purposes of Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Name of Director	2a. Mailing Address
21. State Apt. # and	26. State Apt. # and
22. City & State	27. City & State
23. Title	28. Title
24. Title	29. Title
25. Title	30. Title

9. Name and Address of Current Registered Agent

**EHEMENDIA, SANTIAGO D**  
**% CARLOS & ABBOTT P.A.**  
**999 PONCE DE LEON BLVD., SUITE 1150**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name <b>Peter Carlos</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>999 Ponce de Leon Blvd.</b>
83. Suite <b>Suite 1150</b>
84. City <b>Coral Gables</b>
85. Zip Code <b>FL 33134</b>

11. Pursuant to the provisions of Sections 605.04(1) and 605.04(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 999 Ponce de Leon Blvd., Suite 1150, Coral Gables, Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am the Secretary of the Corporation.

SIGNATURE: **Peter Carlos, Director** **3/10/95**

12. OFFICERS AND DIRECTORS

1. NAME <b>D CARLOS, PETER T</b>	2. STREET ADDRESS <b>999 PONCE DE LEON BLVD., SUITE 1150</b>	3. CITY & STATE <b>CORAL GABLES FL 33134</b>
4. NAME	5. STREET ADDRESS	6. CITY & STATE
7. NAME	8. STREET ADDRESS	9. CITY & STATE
10. NAME	11. STREET ADDRESS	12. CITY & STATE
13. NAME	14. STREET ADDRESS	15. CITY & STATE
16. NAME	17. STREET ADDRESS	18. CITY & STATE
19. NAME	20. STREET ADDRESS	21. CITY & STATE
22. NAME	23. STREET ADDRESS	24. CITY & STATE
25. NAME	26. STREET ADDRESS	27. CITY & STATE
28. NAME	29. STREET ADDRESS	30. CITY & STATE

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12

1. NAME	2. STREET ADDRESS	3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	5. STREET ADDRESS	6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	8. STREET ADDRESS	9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	11. STREET ADDRESS	12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	14. STREET ADDRESS	15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	17. STREET ADDRESS	18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	20. STREET ADDRESS	21. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	23. STREET ADDRESS	24. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME	26. STREET ADDRESS	27. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	29. STREET ADDRESS	30. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 605.04(1) and 605.04(2)(b) Florida Statutes. I further certify that the information filed on this filing 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 secretary of the corporation, empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in this report as an officer, director, or secretary of the corporation.

SIGNATURE: **Peter Carlos** **3/10/95 (305)444-1500**