

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000025420 (7)

1. Corporation Name
ALL IMPACT, INC.



Principal Place of Business Mailing Address
2750 N.W. 3RD AVENUE #19 MIAMI FL 33127

3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report
4. FEI Number 65-0570412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GHO, SANDY H.
2750 N.W. 3RD AVENUE
#19
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name Kim, BYUNG H.
82 Street Address (P.O. Box Number is Not Acceptable)
83 9100 W. Atlantic Blvd. # 6B
84 City Coral Springs State FL Zip Code 33071

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. If 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, the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

DATE: **1-23-96**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD KIM, BYUNG H 9100 W. ATLANTIC BLVD. #6B CORAL SPRINGS FL 33071 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	8D KIM, CHANG B 9100 W. ATLANTIC BLVD. #6B CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	S/V/D Kim, OK Ae 9100 W. Atlantic Blvd. # 6B Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered 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 in Block 14 with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

Daytime Phone #

CR2E034 (12/95)