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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000044403 (9)

IMPRESSIVE CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address						.,, 26,11 61911 61611 61911 41	ling test stat	
1408 MICHIGA			1408 MICHIGAN AVENUE MIAMI BEACH FL 33139					
MIAMI BEACH	I FL 33139	MIAMI				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						05/24/1996		
2. Principal P	lace of Business	2a. Mai	ling Address			4. FEI Number	- I A	pplied For
21		26	26			65-0672932	<del></del>	lot Applicable
Suite, Apt	#, etc.	Suit	Suite, Apt. #, etc.				\$8.75	Additional
22	_	27	27			5. Certificate of Status Desired	Fee R	beriupe
City & State	e	City	City & State			6. Election Campaign Financing	\$5.00	) Мау Ве
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Count	У	8. This corporation owes or has pa		
24	25	25   29   30   g. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No		
	<del></del>	ent Hegistered	1 Agent	8	Name	10, Name and Address of New He	gistered Agent	
OSMAN, L. MICHAEL				ľ	Name			
	4-A WEST 84TH STREET			8:	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
HIA	LEAH FL 33014-3363			8:			<del>.</del>	
				, D.	1			
				8	City		FL 85 Zip	Code
44 0	10.70	'00 + d CO7 41	On Flade Old		<u> </u>		——— <del>-</del>	:a. :: :: : : : : : : : : : : : : : : :
office or re	egistered agent, or both, in the Sta	te of Florida, S	uch change was	ies, the abo authorized t	ve-named corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of changing to the appointment as	its registered
agent. I a	m familiar with, and accept the obli	gations of, Sec	tion 607.05 <b>05</b> , FI	orida Statute	es.			
SIGNATURE	Signature, typed or printed name of registered a			(C. Davinsen A		red when reinstating)	DATE	
12.	<del></del>	ND DIRECTOR		13.	Jen synature redu	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D		DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	MARRERO, HECTOR			1.2 NAME			_	i
STREET ADDRESS	1408 MICHIGAN AVENUE			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY				
TITLE	D		DELETE	2.1 TITLE			Change	Addition
NAME	MARRERO, HECTOR JR.			2.2 NAME				
STREET ADDRESS	1408 MICHIGAN AVENUE			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 011Y	- ST- ZIP			
TITLE	0		DELETE	3.1 TITLE			Change	Addition
NAME	RAFULS, RICHARD			3.2 NAME				
STREET ADDRESS	8181 N.W. 91ST TERRACE,	BAY 1		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MEDLEY FL 33166			3.4. CITY	·ST - ZIP			
TITLE			DELETE	4.1 717LE			Change	Addition
NAME				4. 2 NAM				
STREET ADDRESS				4.3 STREE	T ADDRESS	ı		
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		·	
TITLE			DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u> </u>	··· <b>/</b>	5.4 CITY	ST-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREE	T ADDRESS			1

64 CITY-ST-ZIP

14. Thereby 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.

**FILED** 

Jan 20 1998 8:00am

Secretary of State