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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90101 047 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000064155

1. Corporation Name
IMPACT FOOD & BEVERAGE, INC.



Principal Place of Business Mailing Address
 4600 SW 74 AVE. 4600 SW 74 AVE.
 MIAMI FL 33155 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip 30 Country

3. Date Incorporated or Qualified
07/24/1997

4. FEI Number
65-0780382

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name **IRA Gordon, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)
3929 Ponce de Leon Blvd

83 **30**

84 City **Coral Gables** FL 85 Zip Code **33134**

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 607.0508, Florida Statutes.

SIGNATURE: Jaime M. Giammattei DATE: 5/27/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GISUMSTTSI, GERMAN	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GISUMSTTSI, GERMAN E	
STREET ADDRESS	4600 SW 74 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GISUMSTTSI, JOSE M	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GUZMAN, JOSE M	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Giammattei, German	
1.3 STREET ADDRESS	4600 S.W. 74 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	
2.1 TITLE	VP - TREASURY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIAMMATTEI GERMAN E.	
2.3 STREET ADDRESS	4600 S.W. 74 Ave	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GIAMMATTEI, JAIME M.	
3.3 STREET ADDRESS	4600 S.W. 74 Ave	
3.4 CITY-ST-ZIP	MIAMI, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 attached page with an address, with all other like empowered.

SIGNATURE: Jaime M. Giammattei DATE: 4/28/99 DAYTIME PHONE #: 305-265-0920

CR2E034 (1/98)