


FILED
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 Country
24	30

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. Giannattaci 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	Giannattaci, 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	GIANNATTACI 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	GIANNATTACI, 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. Giannattaci DATE: 4/28/99 DAYTIME PHONE #: 305-265-0920

CR2E034 (1/98)