2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700094713 1. Entity Name						FILED May 01, 2001 08:00 AM				
,	e IMPRESSIONS ENTERT♪	AINMENT, INC.				Secretary	of Stat	te		
Principal Plac	e of Business IST 39TH STREET	Mailing Address 250 GALEN DRIVE							-	
MIAMI 33137	FL	#33 KEY BISCAYNE 33149		FL						
2. Principal P	face of Business	3. Mailing Address		<u> </u>						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	City & State			4. FEI Number Applied For 65-0791789 Not Applicable]
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired		8.75 Ad	Not Applicable 75 Additional		
	6. Name and Address of C	Current Registered Agent			7. N	lame and Address of New		ee Require jent	<u></u>	1
AMERILAV	VYER			Name					<u> </u>	1
343 ALMERIA AVENUE				Street Ad	dress (P.O. B	ox Number is Not Acceptab	le)		<u> </u>	-
CORAL GA	US US	FL								
				City			FL	Zip Cod	le	
8. The above	named entity submits_this state	ement for the purpose of changing	its registere	ed office or r	egistered age	ent, or both, in the State of F	lorida.			
SIGNATURE .	Signature, typed or printed name of registe	ered agent and title if applicable. (N	OTE: Registered	d Agent signatur	a required when re	instating	- 05/01/2	2001	<u> </u>	
Tax filing r	pration is eligible to satisfy its In equirement and elects to do so ria on back)		2001 Fee	will be \$55	0.00	Election Campaign F Trust Fund Contributi		\$5.0 Added	0 May Be d to Fees	
11.	OFFICER	RS AND DIRECTORS	12.			DITIONS/CHANGES TO OF	FICERS AND D	DIRECTOR	S IN 11	1
TITLE		☐ Delete	TITLE		PRES			Change	Addition	9
NAME STREET ADDRESS			NAME STRE	E Et address	CAICEDO 118 NORTH	SANTIAGO IEAST 39TH STREET				:034 (11/00)
CITY-ST-ZIP	PSTD			-ST-ZIP	MIAMI			3137	<u> </u>	
TITLE NAME	MEYER ERWIN	☐ Delete	, I TITLE NAME		DIRE MEYER	ERWIN		X Change	Addition Addition	CR2
STREET ADDRESS CITY-ST-ZIP	118 NORTHEAST 39TH STE MIAMI	REET FL 33137		ET ADDRESS - ST-ZIP	118 NORTH MIAMI	EAST 39TH STREET	FL 3	3137		
TITLE		☐ Delete	TITLE				 -	Change	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE		□ Delete	TITLE	-ST-ZIP				Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE			-		Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP	<u></u>					
TITLE NAME		☐ Delete	TITLE				i	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP						
13. I hereby of indicated	on this report of supplemental	lied with this filing does not qualify report is true and accurate and tha	for the exer	mption state	ve the came i	enal effect as if made under	r oath: that I an	an officer	or director	
OF THE COL	poration of the receiver of truste	ee empowered to execute this repo ddress, with all other like empowere	ort as requir ed.	red by Chap	ter 607, Florid	da Statutes; and that my nar	ne appears in	Block 11 o	r Block 12 if	
SIGNAT	URE:SANTIAGO C.	AICEDO			P	RES 05/01/2001				

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR