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97 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **M40488** **(2)**

1. Corporation Name
IMPACT DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY MIAMI FL 33145	2300 CORAL WAY MIAMI FL 33145-3511

3. Date Incorporated or Qualified: 10/23/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22 # 200	Suite, Apt. #, etc. 27 # 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33145 / 25 US	Zip / Country 29 33145 / 30 US

4. FEI Number: 59-2730781 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE: [signature] AMADA CANTERA LOPEZ, PRES 4/26/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIAMMATTEI, GERMAN		1.2 NAME	
STREET ADDRESS	9139 S.W. 129 LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	V/P/D/ ☐ Change ☐ Addition
NAME	GIAMMATTEI, GERMAN E		2.2 NAME	GIAMMATTEI, GERMAN E
STREET ADDRESS	9139 SW 129 LANE		2.3 STREET ADDRESS	9139 SW 129 LANE
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	DVP	☒ DELETE	3.1 TITLE	S/D/ ☐ Change ☐ Addition
NAME	GIAMMATTEI, MAURICIO		3.2 NAME	PRYOR, NEIL M
STREET ADDRESS	9139 SW 129 LANE		3.3 STREET ADDRESS	1375 AUBURN ST.
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	UPLAND, CA 91784
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GIAMMATTEI, JAIME		4.2 NAME	900002167589--8
STREET ADDRESS	9139 SW 129 LANE		4.3 STREET ADDRESS	-05/06/97--01074--023
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

$8.75

14. I do 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 attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAIME GIAMMATTEI - TREASURER 0203194

CR2E034 (9/96)