
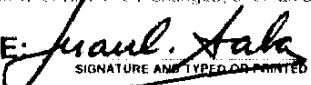


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 552834 1. Corporation Name Impex Enterprises, Inc.			
Principal Place of Business 104 Crandon Blvd, Suite 413 Key Biscayne FL 33149		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
3. Date Incorporated or Qualified 11/21/1977		3a. Date of Last Report 04/23/1996	
4. FEI Number 59-1783234		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Sala, Juan C. 104 Crandon Blvd, Suite 413 Key Biscayne FL 33149-1542		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE		P/S/T	
12 NAME		Sala, Juan C.	
13 STREET ADDRESS		104 Crandon Blvd, Suite 413	
14 CITY - ST - ZIP		Key Biscayne FL 33149-1542	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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: 		Juan C. Sala President April 28, 1997 (305) 361-0057	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)

5/1/97

600002169176
-05/07/97--01026--060
***165.00