

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90164 030 ***150.00

DOCUMENT # 552834

1. Corporation Name
IMPEX ENTERPRISES INC.

Principal Place of Business
104 CRANDON BLVD #413
KEY BISCAIYNE FL 33149

Mailing Address
104 CRANDON BLVD #413
KEY BISCAIYNE FL 33149



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1977

4. FEI Number

59-1783234

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 260 Crandon Blvd

Suite, Apt. #, etc.
22 Suite #14

City & State

23 Key Biscayne FL

Zip Country
24 33149 25

2a. Mailing Address

26 P.O. Box 490448

Suite, Apt. #, etc.

27

City & State

28 Key Biscayne FL

Zip Country
29 33149 30

9. Name and Address of Current Registered Agent

SALA, JUAN C
104 CRANDON BLVD #413
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

Sala, Juan C.

82 Street Address (P.O. Box Number is Not Acceptable)

260 Crandon Blvd.

83 Suite #14

84 City

Key Biscayne

FL

85 Zip Code
33149

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

Juan C. Sala

JUAN C. SALA

4/27/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE
NAME SALA, JUAN C
STREET ADDRESS 104 CRANDON BLVD #413
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 260 Crandon Blvd, Suite #14
1.4 CITY-ST-ZIP Key Biscayne FL 33149

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

Juan C. Sala

JUAN C. SALA

4/27/99

Date

(305) 361-0057

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0221664