

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F54226** (8)

1. Corporation Name
ROYAL IMPRESSIONS, INC.



Principal Place of Business

1101 S. HURON ST
 DENVER CO 80223
 US

Mailing Address

P. O. BOX N/A
 DENVER CO 80209
 US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Subs. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

MAISEL, ALLAN
7400 SW 48TH STREET
MIAMI FL 33155

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation's board of directors hereby certifies for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that it has authorized the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: DP 12.2 NAME: BARISON, JOSEPH 12.3 STREET ADDRESS: 1101 SOUTH HURON STREET 12.4 CITY-STATE-ZIP: DENVER CO <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.12 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.16 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE:

Joseph Barison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

763-733-6855

CR2E034 (12/95)