

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K13440** (8)

1. Corporation Name

IMPELCO INTERNATIONAL, INC.

95 MAR -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6537 SW 116 PL #A
MIAMI FL 33173
US

Mailing Address

% ALBERTO MOCCHI
6537 SW 116 PL #A
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/26/1988

3a. Date of Last Report
03/18/1994

4. FEI Number
65-0048095

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

2. Principal Place of Business

21 **5401 Collins Ave.**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.
22 **625**

Suite, Apt. #, etc.

City & State

23 **Miami Beach, FL**

City & State

28

Zip
24 **33140**

Country
25 **USA**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MOCCHI, ALBERTO
6537 SW 116 PL
STE A
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

Alberto Mocchi

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

5401 Collins Ave, # 625

83

84 City

Miami Beach

FL

85 Zip Code

33140

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Alberto Mocchi

3/1/95

12. OFFICERS AND DIRECTORS

TITLE	M
NAME	MOCCHI, LUCIANO
STREET ADDRESS	891 BANYAN CT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	Alberto Mocchi
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the manager 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 change if, or in an attachment with an address.

SIGNATURE:

Luciano Mocchi **LUCIANO MOCCHI**

3/1/95

(813) 374-4414

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR