

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

APPROVED
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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
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DOCUMENT # **M40488** (2)

1. Corporation Name
IMPACT DISTRIBUTORS, INC.

Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145 Country 25 US	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145 Country 30 US
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4. FEI Number 59-2730781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145**

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:  **AMADA CANTERA LOPEZ, PRES** DATE: **4/26/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIAMMATTEI, GERMAN	
STREET ADDRESS	9139 S.W. 129 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GIAMMATTEI, GERMAN E	
STREET ADDRESS	9139 SW 129 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GIAMMATTEI, MAURICIO	
STREET ADDRESS	9139 SW 129 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GIAMMATTEI, JAIME	
STREET ADDRESS	9139 SW 129 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/P/D/ GIAMMATTEI, GERMAN E
2.3 STREET ADDRESS	9139 SW 129 LANE
2.4 CITY-ST-ZIP	MIAMI FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D/ PRYOR, NEIL M
3.3 STREET ADDRESS	1375 AUBURN ST,
3.4 CITY-ST-ZIP	UPLAND, CA 91784
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900002167589--B
4.3 STREET ADDRESS	-05/06/97--01074--023
4.4 CITY-ST-ZIP	*****165.00 *****165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **JAIME GIAMMATTEI - TREASURER** Date: **4/25/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0203184**

CR2E034 (9/96)