

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M48951** (1)
1. Corporation Name
IMPROCOL, INC.



Principal Place of Business
**C/O ABRAHAM CELIS
7213 N.W. 79TH TERRACE
MEDLEY FL 33166**

Mailing Address
**C/O MARIA U GONZALEZ
7213 NW 79TH TERR
MEDLY FL 33166
US**

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|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 03/24/1987 | 3a. Date of Last Report 05/01/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2783379 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent GONZALEZ, MARIA U 1231 WEST 61ST PL HIALEAH FL 33012 | 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 _____ DATE _____
Signature of person for printed name of registered agent and filer (applicant) (If filer, Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DS <input type="checkbox"/> DELETE | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, MARIA U. | 12. NAME | |
| STREET ADDRESS | 1231 W. 61 PL | 13. STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL | 14. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DVP <input type="checkbox"/> DELETE | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTERO, FRANCISCA | 22. NAME | |
| STREET ADDRESS | 6221 SW 153RD CT., RD. | 23. STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. CITY - ST - ZIP | |

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria U. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96

CR2E034 (3/96)