

FILE NOW: FILING FEE IS \$61.25

NON-PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000004884 (1)

1. Corporation Name
IMPACTODEDIOS, INC.



Principal Place of Business Mailing Address
2575 NW 49TH AVE., #108 FT. LAUDERDALE FL 33313
2575 NW 49TH AVE., #108 FT. LAUDERDALE FL 33313

3. Date Incorporated or Qualified 10/16/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2407 SW 69 AVE 26 2651 ROCK ISLAND RD
Suite, Apt. #, etc. Suite, Apt. #, etc. # 211
22 City & State MIAMI 27 City & State COAL SPRING, FL
23 Zip 33155 Country U.S.A 29 33063 30 USA

4. FEI Number 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

9. Name and Address of Current Registered Agent
SERNA, GERADO
2575 NW 49TH AVE., #108
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
81 Name GERARDO SERNA
82 Street Address (P.O. Box Number is Not Acceptable) 2651 ROCK ISLAND RD
83 # 211
84 City COAL SPRING, FL 85 Zip Code 33063

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0593, Florida Statutes.

SIGNATURE *[Signature]* DATE 1-22-96
Signature typed or printed in Block 12 or 13 (if applicable) (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COBURGER, RAYMONDO	
STREET ADDRESS	2575 NW 49TH AVE., #108	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SERNA, GERARDO	
STREET ADDRESS	2575 NW 49TH AVE., #108	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	COBURGER, ELIZABETH	
STREET ADDRESS	2575 NW 49TH AVE., #108	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
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 *2

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAME
13 STREET ADDRESS	COBURGER RAYMOND
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAME
23 STREET ADDRESS	ELIZABETH COBURGER
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SAME
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800001859498
63 STREET ADDRESS	-06/12/96--01040--007
64 CITY-ST-ZIP	***61.25

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: *[Signature]* DATE 03-12-96 (954-7624785)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)