

FILE NOW: FILING FEE IS \$61.25

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIAMI

City & State

COIA SPRING, FL

24 33155

25 U.S.A

29 33063

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERNA, GERADO
2575 NW 49TH AVE., #108
FT. LAUDERDALE FL 33313

81 Name

GERARDO SERNA

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

2651 ROCK ISLAND RD

83

211

84

COIA 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 617.0503, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to file this report

(NOTE: Registered Agent signature required when reinstating)

1-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS COBURGER, RAYMONDO
CITY-ST-ZIP 2575 NW 49TH AVE., #108
FT. LAUDERDALE FL 33313

TITLE ☐ DELETE

NAME DV
STREET ADDRESS SERNA, GERARDO
CITY-ST-ZIP 2575 NW 49TH AVE., #108
FT. LAUDERDALE FL 33313

TITLE ☐ DELETE

NAME DST
STREET ADDRESS COBURGER, ELIZABETH
CITY-ST-ZIP 2575 NW 49TH AVE., #108
FT. LAUDERDALE FL 33313

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SAME
Coburger Raymond

SAME
Elizabeth Coburger

SAME

800001859498
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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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-96 (954-7624785)

Date

Daytime Phone #

CR2E037 (12/95)