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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P94000023133 (9)

IMPERIAL IMPORT EXPORT, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address				\$ 1980 LEAD E AID FOLIS MINIS MORE BERES OBSIS OBSIS AFOND FLOOR FLIAND SINCE SAIL FOR S			
7545 WEST 20TH AVE HIALEAH FL 33014 US		4000 TOWERSIDE TERRACE #1701 MIAMI FL 33138-2240								
US						3. Date Incorporated or Qualifie 03/21/1994		ate of Last R /24/1996	leport	
	ace of Business J.E. 39th ST.	2a. Mailing Address 26				4. FEI Number 65-0473699		 	pplied For of Applicable	
Suite, Apt		Suite, Apt #, etc.					- IV		Additional	
22		27				5. Certificate of Status Desired	LSA		equired	
City & State	ami, FLORIDA	City & State				6. Election Campaign Financing Trust Fund Contribution	<u>, </u>		May Be to Fees	
Zip 3313	Country A	Ζιρ		ountry		8. This corporation has liability			, 199.032,	
24 3.51.5	9 Name and Address of Currer	29 Arent Arent	30			Florida Statutes 10. Name and Address of New		M No Agent		
OEM.	7/	it trogratered Agent		81	Name	ID. rivillo tillo modioce or reci	riogistorou	Agens		
	ILLA, RICHARD) TOWERSIDE TERRACE #1701									
	II FL 33138			82	Street Ado	dress (P.O. Box Number is Not Acce	ytable)			
TILL	41.15.00.00			B3						
				84	City			85 Zip	Code	
							<u>FL</u>	_ ["		
SIGNATURE	Segment of typical or purced name of registered age			red Age		rporation submits this statement for the stateme	DATE			
12.	PD OFFICERS AN	DELETE		TITLE		ADDITIONS/CHANGES TO O	FICERS AN	Change	Additi	
NAME	SEVILLA, RICHARD	Diccir		NAME						
STREET ADDRESS	4000 TOWERSIDE TERRACE	#1701			ADDRESS					
CITY - ST-ZIP	MIAMI FL 33138			CITY-S	1					
TITLE		DELETE	2.1	TITLE				Change	Additi	
NAME			2.2	NAME						
STREET ADDRESS			2.3	STREET	ADDRESS					
CITY-SI-7IP		T priere		CITY-	ST-ZIP				- Adam	
TIFLE		☐ DELETE		TITLE			1000	Change	Additi	
NAME STREET ADDRESS			i i	NAME	ADDRESS					
CHY-SI-ZIP				. CITY-:						
TITLE		☐ DELETE		TITLE		·		Change	☐ Additio	
NAME		****		2 NAME						
STREET ADORESS			4.3	STREET	ADDRESS					
CITY-\$1-ZIP			4.4	CITY-S	1- ZIP					
TITLE		DELETE	5.1	TITLE				Change	Additio	
NAME			5.2	NAME		•				
STREET ACORESS			53	STREET	ADDRESS					
CHY-\$1-7/P				CITY-S	ST - ZIP			——————————————————————————————————————		
TITLE		☐ DELETE		TITLE	1			Change	Additio	
NAME				NAME]					
STREET ADDRESS			ı		ADDRESS					
CHY-ST-ZIP			6.4	CITY-S	37 - 21P					

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.