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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000024234 (4)

1. Entity Name
IMPULSO TRADING COMPANY

Principal Place of Business	Mailing Address
151 MAJORCA AVE. CORAL GABLES FL 33134	151 MAJORCA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 8214 NW. 14 Street	26	2a. Mailing Address: 8214 NW 14 Street
22	Suite, Apt. # or other	27	Suite, Apt. # or other
23	City & State: Miami, FL	28	City & State: Miami, FL.
24	Zip: 33126	25	Country: USA
29	Zip: 33126	30	Country: USA.

4. FEI Number: 65-048269 | Applied For | Not Applicable

5. Certificate of Status (Desired) [X] $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 unemployment tax under s. 199.035 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE.
CORAL GABLES FL 33134

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 Section 607.0502 and/or 608 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. The 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

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DST LEMKE, PETER A 151 MAJORCA AVE. CORAL GABLES FL 33134	[ ] Change [ ] Addition
DV MAFEI, NELSON T 151 MAJORCA AVE. CORAL GABLES FL 33134	[ ] Change [ ] Addition
DV DA SILVA, LUIZ A 151 MAJORCA AVE. CORAL GABLES FL 33134	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk.

SIGNATURE: * Peter A. Lemke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/95 (305) 593-9923
Date / Area Code & Daytime Phone Number

0137007 CR