FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091806 (7)

1. Corporation Name

IMPEXSUM INC.

Principal Place of Business	Mailing Address
6530 QUINTANA PL BOCA RATON FL 33433	6530 QUINTANA PL BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report:

2. Principal Place of Business: 21 | Suite, Apt. # etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address: 26 | Suite, Apt. # etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 65-0543056 — ☐ 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

ANDRADE, PATRICIA D
6530 QUINTANA PL
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: DURAN ANDRADE, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 6530 QUINTANA PL
83
84 City: BOCA RATON **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

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~ANDRADE, PATRICIA D~~
STREET ADDRESS	~~6530 QUINTANA PL~~
CITY-ST-ZIP	~~BOCA RATON FL 33433~~
TITLE	VSD
NAME	SILVA, PEDRO F
STREET ADDRESS	6530 QUINTANA PL
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		☐ Change ☐ Addition
1 TITLE	PD	
1 NAME	DURAN ANDRADE, PATRICIA	
1 STREET ADDRESS	6530 QUINTANA, PL	
1 CITY-ST-ZIP	BOCA RATON, FL 33433	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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.

SIGNATURE: Patricia Duran. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-1995 (407) 4826708
Date — Daytime Phone #

0001996 FP