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

PROFIT CORPORATION ANNUAL REPORT



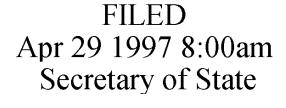
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P95000048720 (3)

IMPRESSIONS BROKER INTERNATIONAL CORPORATION





			+						
Principal Place of Business Mailing Address							BRIST BODDS STALL		44 () (41)
330 GRECO AV CORAL GABLES US			330 GRECO AVE STE 108 CORAL GABLES FL 33148-1828 US						
••						3. Date Incorporated or Qualified 06/19/1995	3a. Date 6 04/25/		aport
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number	***************************************		plied For
21		26				65-0589819			t Applicable
Suite, Apt :		Suite, Apt. #, etc.	27			Certificate of Status Desired \$8.75 Additional Fee Required			
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	o Fees
Zıp	Country	Zip	Coun	try		8. This corporation has liability for in			199.032.
24	25	29	30	_			Yes 🛂 N		
	9. Name and Address of Current	t Registered Agent		31 Name		10. Name and Address of New Reg	istered Age	<u>nt </u>	
	SADO, MARITZA			Nam	2				
) SW 87TH AVENUE #206 AI FL 33165				t Addres	ss (P.O. Box Number is Not Acceptab	e) _		
			1	33					
			Ī	34 City			FL ⁸	5 Zip (Code
office or re agent. Lar SIGNATURE	o the provisions or Sections our year gijstered agent, or both, in the Stale e in familiar with, and accept the obliga Signature, spied or proted rank of registered agen	of Florida. Such change was tions of, Section 607.0505, F	authorized Torida Statu	by the co tes.	rporatio	ration submits this statement for the pin's board of directors. I hereby accept when reinstating)	The appoint	ment as	registered
12.			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	
TILE	PDS	D ELETE	1.1 T)T(.F	M	wident - tream		Change	Addition
NAME	FODDE, ROBERTO		1.2 NA	AE	FRI	Ances D Solivar	וייע, ו	te 10	78
STREET ADDRESS	330 GRECO AVE STET 108	_	1.3 STR	EET ADDRESS	૽ૺૢૺ૱	o Greco menue	/ · · ·		
CHY-S1-ZIP	CORAL GABLES FL			-ST-ZIP			33146	_	
TITLE	VTD	DELETE	2.1 1)1(Æ	Nic	e-President		Change	Addition
NAME	SOLIVAN FODDE, FRANCES D		2.2 NAM	Æ	IKO	sberto Fodde	سيلاها	Je 1	108
STREET ADDRESS	330 GRECO AVE STE 108		2.3 STR	EET ADDRESS	133	o Green Anenue			ļ
CITY - S' - ZIP	CORAL GABLES FL			Y-ST-ZIP		eral pables, M	<u> </u>	44	
TIFLE		☐ DELETE	3.1 TITL	-		ordary		Change	Addition
NAME			3.2 NA		70	se R. Rodric	~~ ~ .	+	L 108
STREET ADDRESS				EET ADDRESS		so breco prent	مدح ميه	سببر سال	- 1 0
CITY - ST - 7IP		☐ DELETE	3.4. CIT 4.1 TiTL	Y-ST-ZIP	+~	eral Gables, 19	<u>ادد .</u> ۱	Change	Addition
TITLE NAME		C becel	4.1 Itil				ب	Similar	FIGURION .
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STREET ADDRESS				EE1 ADDRESS	1				
CITY - ST - ZIF		☐ DELETE	4.4 CII 5.1 TITI	Y-ST-ZIP F	+		П	Change	Addition
NAME			5.2 NAI				•1		
STREET ADDRESS				eet address					
CITY -ST-7#				r-St-Zip					
MILE		DELETE	61 TITE		†			Change	Addition
NAME			6.2 NA				_	•	
STREET ADDRESS				 Eet address	ا ن				
City-S1-Zii-			1	(-ST-ZIP					
	by certify that the information supplied	with this filing does not gue			stated i	in Section 119 07(3)(i) Florida Statutes	I further cel	rtify that	the

Table indicated in the information supplied with this timing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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