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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048720 (3)

1. Corporation Name

IMPRESSIONS BROKER INTERNATIONAL CORPORATION

Principal Place of Business

330 GRECO AVE STE 108
CORAL GABLES FL 33146
US

Mailing Address

330 GRECO AVE STE 108
CORAL GABLES FL 33146-1828
US

3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0589819	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

DELGADO, MARITZA
2750 SW 87TH AVENUE #208
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	President & Treasurer
NAME	FODDE, ROBERTO	1.2 NAME	FRANCIS D SOLIVAN
STREET ADDRESS	330 GRECO AVE STE 108	1.3 STREET ADDRESS	330 Greco Avenue Suite 108
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	VTD	2.1 TITLE	Vice-President
NAME	SOLIVAN FODDE, FRANCES D	2.2 NAME	Roberto Fodde
STREET ADDRESS	330 GRECO AVE STE 108	2.3 STREET ADDRESS	330 Greco Avenue Suite 108
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Jose R. Rodriguez
STREET ADDRESS		3.3 STREET ADDRESS	330 Greco Avenue Suite 108
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Francis D Solivan Fodde* DATE: 4/22/97 DAYTIME PHONE: 567-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)