


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

1042

FILED

97 APR 25 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000060387 1. Corporation Name I.M.M. DISTRIBUTORS CORP.		

Principal Place of Business 8001 S.W. 10 TERR. MIAMI, FL. 33144	Mailing Address 1005 S.W. 87TH AVE. MIAMI, FL. 33174
---	--

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

3. Date Incorporated or Qualified 08/04/95	3a. Date of Last Report 4/24/96
4. FEI Number 65-0601128	Applied For <input 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	

9. Name and Address of Current Registered Agent RUIZ, ORLANDO 8001 S.W. 10TH TERR. MIAMI, FL. 33144	
---	--

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 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 X [Signature] (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T RUIZ, ORLANDO 8001 S.W. 10TH TERR. MIAMI, FL. 33144 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P/S/T RUIZ, ORLANDO 8001 S.W. 10TH TERR. MIAMI, FL. 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S RUIZ, ORISSEL 8001 S.W. 10TH TERR. MIAMI, FL. 33144 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	400002168294--9 -05/06/97--01122--001 ***165.00 ***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	400002168294--9 -05/06/97--01122--002 ***200.00 ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] **ORLANDO RUIZ**
PRESIDENT
4/9/97
305-261-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

Miami, April 8, 1997

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

We are enclosing our check #303, for 200.00, of April 4, 1997, and copy of our check #174, of April 30, 1996, which is being voided.

As explained over the phone, we filed our 1996 annual report on time but it was returned by you because the registered agent did not sign in block 11. Copy of your letter of June 3, 1996 is enclosed. At that time I had many personal problems and failed to return the corrected report to you.

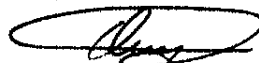
For this reason, I am hereby requesting that you accept our payment without the penalty.

Also enclosed is our check #305 for 165.00 covering our 1997 annual report, which is also enclosed.

Thank you in advance for your cooperation.

Sincerely,

I.M.M. DISTRIBUTORS CORP.



Orlando Ruiz
President

ms

Enc.