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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034692 (9)

IMV DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

6089 SILK OAK DR

ORI ANDO FI 32819

ORI ANDO FI 32819

FILED Jun 03 1997 8:00am Secretary of State



OHERWO I C	2014						
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1996	
_ '	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21 5850						59-337364) Not Applied	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	
						Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
	IANDO +L	28	T			Trust Fund Contribution Added to Fees	
— ^{zip} 9 4.1	Country	Zip		ountry	•	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
24 748 1	9. Name and Address of Current	29 Basistared Agent	30	·		Florida Statutes LI Yes LI No 10. Name and Address of New Registered Agent	
0011	```	Megistered Agent		81	Name	10. Hante and Address of New Hegistered Agent	
Souza, Luiz 6089 Silk Oak Dr Orlando Fl 32819				Traine			
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				53			
				84	City	FL 85 Zip Code	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	tes, the authoriz orida S	abovezed by tatute:	e-named cory the corpora s.	orporation submits this statement for the purpose of changing its registe ration's board of directors. I hereby accept the appointment as registers	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOT	It: Regist	ered Age	ent signature requ	quired when reinstating) DATE	
12.	OFFICERS AND		1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1.1	TITLE		Change Add	
NAME	FONTANA, MARCELO		1.2	NAME.			
STREET ADDRESS	6069 SILK OAK DR		1,3	STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4	CITY-S	ST-ZIP		
TITLE	VSD	DELETE	2.1	TITLE		Change Add	
NAME	souza, luiz		2.2	NAME			
STREET ADDRESS	6069 SILK OAK DR		2.5	STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		2.	4 CITY -	ST-ZIP		
TITLE		DELETE	3.1	TITLE		Change Add	
NAME			3 2	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP			34	I. CITY-	\$1 - 2 1P		
TITLE	10-11-11-11-11-11-11-11-11-11-11-11-11-1	☐ DELETE	4.	TITLE		☐ Change ☐ Add	
NAME			4.	2 NAME			
STREET ADDRESS			4.3	STREE	ADDRESS		
CITY-ST-ZIP			4.	CITY-S	ST - ZIP		
TITLE		DELETE		TITLE	-	☐ Change ☐ Add	
NAME			5.3	2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-			
TITLE		DELETE		1 TITLE	31 '211	Change Add	
NAME		had occur		2 NAME			
			- 1		1 ATTEMPT CC		
STREET ADORESS					1 ADDRESS		
CITY-ST-ZIP			6	4 CITY - :	51-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 of trustee enhowered 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.