## 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

Principal Fiable of Business

DOCUMENT # 7 96000047383

IMPORZELO, INC.

Marian Address

Mailing Address

940 LINCOLN RD MALL SUITE 204

	MIA		, FL	33139		3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Pencipal Place of Business			2e. Mailing Address			4. FEI Number Applied For		
21			26			65-0670289 Not Applicable		
Suite, Apt. #. etc			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City &	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip	Country 25	Zip 29	Country 30		try  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes № No		
	9. Name	and Address of Current	Registered /	gent		10. Name and Address of New Registered Agent		
CLENILSON DUTRA 940 LINCOLN RD MALL SUITE 204						Name		
						82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH, FL 33139					63	13		
•	, , , , , , , , , , , , , , , , , , ,				84	Gity 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	Storagge Superior princed having of project agent and big if applicable (NOTE: Registered Agent elgosture required when reinstating) DATE							
12.	Signative typed or princed name of registered agent and total flapplicable (NOTE: R  OFFICERS AND DIRECTORS	egistered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1814 6	OFFICENS AND DIFFERENCE OF IS	1.1 TITLE	☐ Change ☐ Addition					
NAM:	CLENILSON DUTRA	1.2 NAME						
STREET ACORESIS	6995 NW 82 AVE #34	1.3 STREET ADDRESS						
CITY ST 20	MIAMI, PL 33166	1.4 City-St-Zip						
1011 E3 701	S DELETE	2.1 TITLE	Change Addition					
	ITALO DINICALTA DE MOSALE	2.2 NAME	_ , _					
STREET ADERESS	COAC AND OR AND #34	2.3 STREET ADDRESS						
City - 51 - 7:P	ITALO PIMENTA DE MORAIS 6995 NW 82 AVE #34 MIAMI, FL 33166	2 4 CITY - ST - ZIP						
Table	MIAMI I PER SON DELETE	3.1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET AFORESS		3.3 STREET ADDRESS						
GHY ST 70F		34. City-51-ZiP	•					
IIILE	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAM:		4. 2 NAME						
518BET #2008155		4.3 STREET ADDRESS						
011y 51 Zd		4.4 City - ST- ZIP						
Tif	DELETE.	5 1 TITLE	Change Addition					
NAME		5.2 NAME .	$\sim \infty$					
STREET ADDRESS.		5 3 STREET ADDRESS	186					
C-17 S1 - Z-1		5.4 CITY - ST - ZIP	$\mathcal{O}_{2,2}$					
TIT:1	☐ DELETE	61 TIFLE	Change Addition					
MANE		6.2 NAME	700002185587					
5136 FA 34435		63 STREET ADDRESS	700002185587 -05/20/9701090011					
00Y 51 ZIF		64 CITY-ST-ZIP	***165.00					

14. To shore by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Horizon 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 approves the Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Daytime Phone #

**FILED** 

May 09 1997 8:00am

Secretary of State