

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

FILED
May 12 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000047444 (0)
 1. Corporation Name
IMPEX U.S.A., INC.

| | |
|--|---|
| Principal Place of Business 7815 CAMINO REAL, SUITE 413 MIAMI FL 33143 | Mailing Address 7815 CAMINO REAL, SUITE 413 MIAMI FL 33143-6857 |
|--|---|



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

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/04/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0671418 | 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
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name NELSON RUIZ |
| 82 Street Address (P.O. Box, Number is Not Acceptable) 7815 CAMINO REAL SUITE 413 |
| 83 |
| 84 City MIAMI |
| 85 Zip Code FL 33143 |

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|-------------------------------|---------------------------------|
| TITLE PTD | NAME RUIZ, NELSON F | <input type="checkbox"/> DELETE |
| STREET ADDRESS 7815 CAMINO REAL, SUITE 413 | | |
| CITY - ST - ZIP MIAMI FL 33143 | | |
| TITLE VSD | NAME RUIZ, MONICA R | <input type="checkbox"/> DELETE |
| STREET ADDRESS 7815 CAMINO REAL, SUITE 413 | | |
| CITY - ST - ZIP MIAMI FL 33143 | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 reports 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: *[Signature]* **SIGNATURE REQUIRED** **4/18/97 (305) 271-5529**

CR2E034 (9/96)