

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # P96000085543 (2)

1. Corporation Name
FLORIDA IMPEX, INC.



Principal Place of Business

Mailing Address

100 LINCOLN ROAD, SUITE 910
MIAMI BEACH FL 33139

100 LINCOLN ROAD, SUITE 910
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------|--|---------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 2210 Collins Avenue | | 26 SAME | | 10/16/1996 | | 10/16/1996 | |
| 22 Suite, Apt. #, etc. 1011 | | 27 AS IN 2 | | 4. FEI Number 65-0702277 | | Applied For Not Applicable | |
| 23 City & State Miami Beach, FL | | 28 City & State | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 24 Zip 33139 | | 29 Country USA | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| 25 Country | | 30 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | Yes No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

LUCY MATAS

| | |
|---|----------------------|
| 81 Name | LUCY MATAS |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 100 LINCOLN RD #1033 |
| 83 | |
| 84 City | MIAMI BEACH |
| 85 Zip Code | FL 33139 |

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]* LUCY MATAS, Pres + R.A. 7/29/97

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 | PSTD | 1.1 TITLE | |
| NAME | MATAS, LUCY C | 1.2 NAME | |
| STREET ADDRESS | 100 LINCOLN ROAD, SUITE 910 #1033 | 1.3 STREET ADDRESS | Suite 1033 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 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.

7/29/97 (305) 531-3733

CR2E034 (4/97)