

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000032934 1. Corporation Name IMPAX PROPERTIES, INC.			
Principal Place of Business 999 Ponce de Leon Suite 715 Coral Gables, FL 33134		Mailing Address SAME	
2. Principal Place of Business 21 999 Ponce de Leon Suite, Apt. #, etc. 22 Suite 715 City & State 23 Coral Gables, FL Zip 24 33134		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 4-11-97		3a. Date of Last Report 1997	
4. FEI Number 65-0772632		Applied For 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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MAURO C. SANTOS 25 S.E. 2nd Avenue Suite 1235 MIAMI, FL 33131		10. Name and Address of New Registered Agent 81 Name JOSE I. PADIAL 82 Street Address (P.O. Box Number is Not Acceptable) 999 Ponce de Leon 83 Suite 715 84 City Coral Gables FL 85 Zip Code 33134	
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 JOSE I. PADIAL DATE 2-13-98			
12. OFFICERS AND DIRECTORS			
TITLE Director/President/Secretary <input type="checkbox"/> DELETE NAME BRUNO BERNARDES STREET ADDRESS 999 Ponce de Leon # 715 CITY-ST-ZIP Coral Gables, FL 33134			
TITLE Director/Vice President <input type="checkbox"/> DELETE NAME GIANNI BERNARDES STREET ADDRESS 999 Ponce de Leon # 715 CITY-ST-ZIP Coral Gables, FL 33134			
TITLE Director/Treasurer <input type="checkbox"/> DELETE NAME GIL BERNARDES STREET ADDRESS 999 Ponce de Leon # 715 CITY-ST-ZIP Coral Gables, FL 33134			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

2/22/98 (Gar) 443-8010