

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90031 032 ***150.00

DOCUMENT # P97000042291

1. Corporation Name

IMPACT FASHIONS, INC.

Principal Place of Business

1357 N.E. 163RD STREET
NORTH MIAMI FL 33162

Mailing Address

1357 N.E. 163RD STREET
NORTH MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

65-0758974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SAYAG, ALON
1357 N.E. 163RD STREET
NORTH MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name

GAVIRGUN, YIGAL

82 Street Address (P.O. Box Number is Not Acceptable)

1357 NE. 163RD. ST.

83

84 City

NO. MIAMI

FL

85 Zip Code

33162

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

AGENT

1/20/99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SAYAG, ALON	
STREET ADDRESS	1357 N.E. 163RD STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SAYAG, SIMON	
STREET ADDRESS	1357 N E 163RD STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GAVIRGUN, YIGAL	
STREET ADDRESS	1357 N E 163RD STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
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 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, with all other like empowered.

SIGNATURE:

PRESIDENT

1/20/99

(305)940-7776

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)

0235874