

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90101 047 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064155
 1. Corporation Name
IMPACT FOOD & BEVERAGE, INC.



Principal Place of Business 4600 SW 74 AVE. MIAMI FL 33155	Mailing Address 4600 SW 74 AVE. MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 07/24/1997	4. FEI Number 65-0780382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name **IRA Gordon, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3929 Ponce de Leon Blvd
 83 **30**
 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 607.0508, Florida Statutes.

SIGNATURE: Jaime M. Giannattaci DATE: 5/27/99

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	GISUMSTTSI, GERMAN	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	GISUMSTTSI, GERMAN E	
STREET ADDRESS	4600 SW 74 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input checked="" type="checkbox"/>
NAME	GISUMSTTSI, JOSE M	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input checked="" type="checkbox"/>
NAME	GUZMAN, JOSE M	
STREET ADDRESS	4600 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Giannattaci, German		
1.3 STREET ADDRESS	4600 S.W. 74 AVENUE		
1.4 CITY-ST-ZIP	MIAMI, FL 33155		
2.1 TITLE	VP - TREASURY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GIANNATTACI GERMAN E.		
2.3 STREET ADDRESS	4600 S.W. 74 Ave		
2.4 CITY-ST-ZIP	MIAMI, FL 33155		
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	GIANNATTACI, JAIME M.		
3.3 STREET ADDRESS	4600 S.W. 74 Ave		
3.4 CITY-ST-ZIP	MIAMI, FL 33155		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 attached page with an address, with all other like empowered.

SIGNATURE: Jaime M. Giannattaci DATE: 4/28/99 DAYTIME PHONE #: 305-265-0920

CR2E034 (1/98)