

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90053 042 ***158.75

DOCUMENT # **P98000007054** ✓
Corporation Name **NEW IMPRESSIONS, INC.**

Principal Place of Business Mailing Address
2741 West 6th Ave.
HALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/22/98	4. FEI Number 63-0816374 ✓	Applied For Not Applicable
2. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	28. Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country	Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
NAME	FARIAS, YDELISA <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	6528 NW 170 TERR.	12. NAME			
CITY-STATE-ZIP	Miami, FL 33015	13. STREET ADDRESS			
NAME	<input type="checkbox"/> DELETE	14. CITY-STATE-ZIP			
STREET ADDRESS		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-STATE-ZIP		22. NAME			
NAME	<input type="checkbox"/> DELETE	23. STREET ADDRESS			
STREET ADDRESS		24. CITY-STATE-ZIP			
CITY-STATE-ZIP		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<input type="checkbox"/> DELETE	32. NAME			
STREET ADDRESS		33. STREET ADDRESS			
CITY-STATE-ZIP		34. CITY-STATE-ZIP			
NAME	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		42. NAME			
CITY-STATE-ZIP		43. STREET ADDRESS			
NAME	<input type="checkbox"/> DELETE	44. CITY-STATE-ZIP			
STREET ADDRESS		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-STATE-ZIP		52. NAME			
NAME	<input type="checkbox"/> DELETE	53. STREET ADDRESS			
STREET ADDRESS		54. CITY-STATE-ZIP			
CITY-STATE-ZIP		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<input type="checkbox"/> DELETE	62. NAME			
STREET ADDRESS		63. STREET ADDRESS			
CITY-STATE-ZIP		64. CITY-STATE-ZIP			

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #