02221999-90122-027-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000076959

1. Corporation Name
IMPOEX BUSINESS CORP.

Principal Place of Business	Mailing Address
12850 WEST STATE ROAD 84 7 HOLLYLINE DAVIE FL 33325	POST OFFICE BOX 550945 FORT LAUDERDALE FL 33355

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12850 W. SR. 84 Suite, Apt. #, etc. 22 7 HOLLYLINE City & State 23 DAVIE, FL. Zip 24 33325 Country 25	2a. Mailing Address 26 P.O. Box 550945 Suite, Apt. #, etc. 27 City & State 28 FORT LAUDERDALE FL. Zip 29 33355 Country 30

3. Date Incorporated or Qualified: 09/04/1998

4. FEI Number: 65-0862646 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: RONALDO DANNENBERG
82 Street Address (P.O. Box Number is Not Acceptable): 12850 WEST STATE ROAD 84
83 7 HOLLYLINE
84 City: DAVIE FL 85 Zip Code: 33325

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: [signature] 03/22/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICON, CESAR A		1.2 NAME	
STREET ADDRESS	12850 WEST STATE ROAD 84		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANNENBERG, RONALDO T		2.2 NAME	
STREET ADDRESS	12850 WEST STATE ROAD 84		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: [signature] VICE-PRESIDENT 3/22/99 954-9161245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)