

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000089570**

1. Corporation Name

IMPRO SALES USA INC.

Principal Place of Business

**1920 E. HALLANDALE BLVD. #602
HALLANDALE FL 33009**

Mailing Address

**1920 E. HALLANDALE BLVD. #602
HALLANDALE FL 33009**

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90024 044 ***550.00

598583 - 90024 - 44



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0870984

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.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, ROBERTO
4699 N. FEDERAL HWY., #108
POMPANO BEACH FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 **D** ☒ DELETE
NAME **SHAPIRO, NEVIN K**
STREET ADDRESS **5750 COLLINS AVE., #15E**
CITY-ST-ZIP **MIAMI FL 33140**

1.1 TITLE **D-PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **BARTON BRUCE OSTROFF**
1.3 STREET ADDRESS **10735 NW 11TH ST**
1.4 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☐ DELETE
NAME **MENOSCAL, MIRIAM J**
STREET ADDRESS **5750 COLLINS AVE., #15E**
CITY-ST-ZIP **MIAMI FL 33140**

2.1 TITLE **D-TREASURER** ☐ Change ☒ Addition
2.2 NAME **SERGIO PEJALOZA**
2.3 STREET ADDRESS **9056 COLLINS AVE**
2.4 CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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:

REQUIRED

7-14-99 (954) 946-6736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0125791