


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90064 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04318

1. Corporation Name  
IMPEX SERVICES GROUP INC.



Principal Place of Business 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012	Mailing Address 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012
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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 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/06/1992		4. FEI Number 65-0303781		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent VALDES, JUAN E. 4160 W. 16TH AVE. SUITE 402 HIALEAH FL 33012				10. Name and Address of New Registered Agent 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	P	DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALDES, JUAN E		1.2 NAME	JULIA JIMENEZ			
STREET ADDRESS	4160 W 16TH AVE, STE 402		1.3 STREET ADDRESS	4160 W 16th Ave Suite 402			
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	Hialeah FL 33012			
TITLE	V	DELETE	2.1 TITLE	Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORTES, HECTOR		2.2 NAME	HECTOR FORTES			
STREET ADDRESS	4160 W 16TH AVE, STE 402		2.3 STREET ADDRESS	4160 W. 16 Ave., Suite 402.			
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Hialeah, Florida 33012			
TITLE	T	DELETE	3.1 TITLE	Vice-President and Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORTES, HUGO		3.2 NAME	HUGO FORTES			
STREET ADDRESS	4160 W 16TH AVE, STE 402		3.3 STREET ADDRESS	4160 W. 16th Ave., Suite 402			
CITY-ST-ZIP	HIALEAH FL 33012		3.4 CITY-ST-ZIP	Hialeah, Florida 33012			
TITLE	S	DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JIMENEZ, JULIA		4.2 NAME				
STREET ADDRESS	4160 W 16TH AVE, STE 402		4.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP				
TITLE	V	DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTILLO, OSVALDO		5.2 NAME				
STREET ADDRESS	4160 W 16TH AVE, STE 402		5.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)