FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25152** **(2)**

1. Corporate Name

IMPERIAL FACTOR, INC.

Principal Place of Business	Mailing Address
1975 N.W. 18TH STREET POMPANO BEACH FL 33069	7040 W. PALMETTO PARK ROAD SUITE 2-298 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/31/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: **6600 NW 12 Avenue**
Suite/Apt. # etc.
22: **Suite 201**
City & State
23: **Ft. Lauderdale, FL**
Zip / Country
24: **33309** 25: **U.S.A.**

2a. Mailing Address
26:
Suite/Apt. # etc.
27:
City & State
28:
Zip / Country
29: 30:

4. FEI Number: **65-0325374** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALIF, NABIL
1975 N.W. 18TH STREET
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable): **6600 NW 12 Avenue**
93: **Suite 201**
94 City: **Ft. Lauderdale** **FL** 95 Zip Code: **33309**

11. Pursuant to the provisions of Sections 607.1004, 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 (Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	P	01 TITLE	☒ Change ☐ Addition
02 NAME	ALIF, NABIL	02 NAME	
03 STREET ADDRESS	1975 NW 18TH ST.	03 STREET ADDRESS	6600 NW 12 Ave., Suite 201
04 CITY ST ZIP	POMPANO BEACH FL 33069	04 CITY ST ZIP	Ft. Lauderdale, FL 33309
05 TITLE	V	05 TITLE	☒ Change ☐ Addition
06 NAME	ANIDJAR, SAMUEL	06 NAME	
07 STREET ADDRESS	1975 NW 18TH ST.	07 STREET ADDRESS	6600 NW 12 Ave., Suite 201
08 CITY ST ZIP	POMPANO BEACH FL 33069	08 CITY ST ZIP	Ft. Lauderdale, FL 33309
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, true and correct to the best of my knowledge and belief. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0261852 CP