

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 17 1997 8:00am  
Secretary of State

DOCUMENT # V25152 (2)

1. Corporation Name  
IMPERIAL FACTOR, INC.



Principal Place of Business  
6600 NW 12 AVENUE  
SUITE 201  
FT LAUDERDALE FL 33309  
US

Mailing Address  
7040 W. PALMETTO PARK ROAD  
SUITE 2-298  
BOCA RATON FL 33433-3407

3. Date Incorporated or Qualified 03/31/1992  
3a. Date of Last Report 04/25/1996  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

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

9. Name and Address of Current Registered Agent

ALIF, NABIL  
6600 NW 12 AVE  
SUITE 201  
FT LAUDERDALE FL 33309

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                         | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | ALIF, NABIL               |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 6600 NW 12 AVE, SUITE 201 |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | FT LAUDERDALE FL          |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | V                         | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | ANIDJAR, SAMUEL           |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 6600 NW 12 AVE, SUITE 201 |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | FT LAUDERDALE FL          |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | 3.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                           |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                           |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | 4.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                           |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                           |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                           |                                 |  | 5.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                           |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                           |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                           | <input type="checkbox"/> 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 do 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

Daytime Phone #

CR2E034 (9/96)