

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005437

Entity Name: IMANASSE ESS CORP**Current Principal Place of Business:**15155 MICHELANGELO BLVD # 203
DELRAY BEACH, FL 33446**Current Mailing Address:**15155 MICHELANGELO BLVD # 203
DELRAY BEACH, FL 33446 US**FEI Number:** 45-5463270**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DORIVAL, MANASSE
15155 MICHELANGELO BLVD # 203
DELRAY BEACH, FL 33446 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	MARKETING DIRECTOR
Name	DORIVAL, MANASSE
Address	15155 MICHELANGELO BLVD # 203
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	GLEZIL, PIERRE R
Address	5565 MONTE CARLO PLACE
City-State-Zip:	MARGATE FL 33068

Title	TREASURER
Name	DERISCA, LEVOYANT
Address	713 NW 8TH COURT
City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT
Name	TOTO, LOUIS H
Address	44 CITRUS PARK DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	EVENT COORDINATOR
Name	TOTO, MIREILLE MRS.
Address	PO BOX 6035
City-State-Zip:	DELRAY BEACH FL 33482

Title	SECRETARY
Name	SANDRA, LUCATE
Address	201 SW STREET
City-State-Zip:	DELRAY BEACH FL 33444

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEVOYANT DERISCA**TREASURER****03/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date