

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

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000004444 (6)

1. Corporation Name
REPATIER INTERNATIONAL LTD., INC.



Principal Place of Business: **1591 BIRD ROAD CORAL GABLES FL 33146**
 Mailing Address: **1591 BIRD ROAD CORAL GABLES FL 33146-1058**

3. Date Incorporated or Qualified: **10/01/1993**
 3a. Date of Last Report: **07/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		98-0035663		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	Zip	25	Country	29	Zip	30	Country

g. Name and Address of Current Registered Agent

ROHAN, LAURENCE J ESQUIRE
6101 S.W. 76 STREET
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, RAMON RENE	1.2 NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	1.4 CITY-ST-ZIP	
TITLE	VCVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, DELMY NOTHAS	2.2 NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOUR, RENE SALOMON	3.2 NAME	
STREET ADDRESS	AVENIDA MASFERRER #612	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	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: _____ DATE: **1-21-97** DAYTIME PHONE #: **305-642-0700**

CR2E034 (9/96)