

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

**FILED**

**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3. Date Incorporated or Qualified: **10/01/1993**

4. FEI Number: **98-0035663**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**ROHAN, LAURENCE J ESQUIRE**  
**6101 S.W. 78 STREET**  
**SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

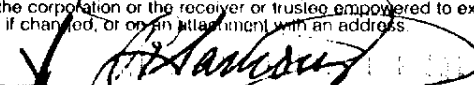
85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST	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	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	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		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D SAMOUR JOSE C.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>AVENIDA MASFERRER #612</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>SAN SALVADOR EL SALVADOR</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D SAMOUR ERNESTO E.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>AVENIDA MASFERRER #612</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>SAN SALVADOR EL SALVADOR</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D SAMOUR DELMY P.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>AVENIDA MASFERRER #612</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>SAN SALVADOR EL SALVADOR</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: **2/25/98 305 662 2152**

CR2E034 (10/97)