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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004444

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

3. Date Incorporated or Qualified
10/01/1993

4. FEI Number
98-0035663

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name ALEJANDRO A. CRESPO
82 Street Address (P.O. Box Number is Not Acceptable) 9260 SW 72ND ST
83 SUITE # 117
84 City MIAMI FL 85 Zip Code 33173

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	CPST	<input type="checkbox"/> DELETE
NAME	SAMOUR, RAMON RENE	
STREET ADDRESS	AVENIDA MASFERRER #612	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	
TITLE	VCVP	<input type="checkbox"/> DELETE
NAME	SAMOUR, DELMY NOTHAS	
STREET ADDRESS	AVENIDA MASFERRER #612	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMOUR, RENE SALOMON	
STREET ADDRESS	AVENIDA MASFERRER #612	
CITY-ST-ZIP	SANS SALVADOR, EL SALVADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMOUR, JOSE C	
STREET ADDRESS	AVENIDA MASFERRER, #612	
CITY-ST-ZIP	SAN SALVADOR EL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMOUR, ERNESTO E	
STREET ADDRESS	AVENIDA MASFERRER, #612	
CITY-ST-ZIP	SAN SALVADOR EL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMOUR, DELMY P	
STREET ADDRESS	AVENIDA MASFERRER, #612	
CITY-ST-ZIP	SAN SALVADOR EL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 supplement 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
Date

305-271-3099
Daytime Phone #

CR2E034 (11/98)