

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra E. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000066598 (2)**

1. Corporation Name  
**REM REAL ESTATE CORP.**



Principal Place of Business: **2699 COLLINS AVENUE NO. 111 MIAMI BEACH FL 33140**  
Mailing Address: **2699 COLLINS AVENUE NO. 111 MIAMI BEACH FL 33140**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for additional offices.

9. Name and Address of Current Registered Agent  
**GIMENEZ, BARBARA B  
420 LINCOLN ROAD  
SUITE 600  
MIAMI BEACH FL 33139**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I am a registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MANTIN, MITCHELL</b>	
STREET ADDRESS	<b>2699 COLLINS AVE., NO. 111</b>	
CITY-STATE-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

3. Date Incorporated or Qualified: **09/24/1993**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **65-0449123**  
5. Certificate of Status Deared:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent (81-85)

11. I, \_\_\_\_\_, a registered agent, or both, in the State of Florida, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entitle me for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

CR2E034 (12/95)