

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001493205
-05/18/95 -01020 -026
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S89785**
1. Corporation Name
RETME INTERNATIONAL, CORP.

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business	2a. Mailing Address
21 _____	26 P. O. BOX 52-3036
22 Suite, Apt. #, etc. _____	27 Suite, Apt. #, etc. _____
23 City & State _____	28 MIAMI, FL.
24 Zip _____	29 33152
25 Country _____	30 _____

3. Date Incorporated or Qualified	3a. Date of Last Report
10/25/1991	_____
4. FEI Number	Applied For
65-0300950	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

IXSA FIGUEROA

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P. O. Box Number is Not Acceptable)	FL 33916
83 _____	
84 City	
FORT MYERS	

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 _____ DATE _____
Signature: Typed or printed name of registered agent and his / her / associate. (NOTE: Registered Agent signature required when renewing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA IXSA	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	3661 WINKLER AVE. STE. 1411
CITY - ST - ZIP		1.4 CITY - ST - ZIP	FORT MYERS, FL. 33916
TITLE	P/T/C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, RUSSELL	2.2 NAME	
STREET ADDRESS	6850 NW 74TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL.	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(M), 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 checked, or on an attachment, with an address.

SIGNATURE: *IXSA FIGUEROA* **5-9-95 1-813-939-5133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)