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**FILED**

**Apr 10 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 # S89785 (7)**  
1. Corporation Name  
**R E T M E INTERNATIONAL CORP.**



Principal Place of Business  
**555 NE 15TH ST  
25D  
MIAMI FL 33132  
US**

Mailing Address  
**555 NE 15TH ST  
25D  
MIAMI FL 33132-1405  
US**

3. Date Incorporated or Qualified  
**10/25/1991**

3a. Date of Last Report  
**04/29/1996**

4. FEI Number  
**65-0300950**

Applied For  
 Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**IXSA, URQUIOLA  
555 NE 15TH ST  
STE 25-D  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name  
**RAMON HOSPITAL ET**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1140 W. 30 ST. 56 302**

83

84 City  
**Miami Lakes**

FL 85 Zip Code  
**33012**

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: *Ramon Hospital et* DATE: **04/03/97**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VS  DELETE

NAME **URQUIOLA, IXSA**

STREET ADDRESS **6947 SW 83 CT**

CITY - ST - ZIP **MIAMI FL**

TITLE PTC  DELETE

NAME **THOMSON, RUSSELL**

STREET ADDRESS **555 NE 15TH ST #25D**

CITY - ST - ZIP **MIAMI FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME **P.V.T.S**

2.3 STREET ADDRESS **THOMSON RUSSELL**

2.4 CITY - ST - ZIP **555 NE. 15th St. #25D MIAMI FL 33132**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Ramon Hospital et* DATE: **04/03/97** 557-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)