

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 30 AM 2: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001504152
-05/02/95--01010--009
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 161023 (4)

Remia International, Inc.

1837 N.W. 20th Street
Miami, Fla. 33142

1857 N.W. 20th Street
Miami, Fla. 33142

3. Date Incorporated or Qualified 12/08/81	3a. Date of Last Report 1994
4. FEI Number 59-2186730	Applied For 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
7. This corporation has liability for emphysema tax under § 195.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Reinaldo de Jesus Dorta 1850 N.W. 18th Street Miami, Fla. 33142	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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I, the undersigned, being a duly qualified officer or director of the above-named corporation, hereby certify that the information furnished herein is true and correct. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

Signature of Registered Agent: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME P/D Reinaldo de Jesus Dorta 1850 N.W. 18th Street Miami, Fla. 33142	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	200001504152 -05/02/95--01010--010 *****33.75 *****33.75
NAME V/D Aracely Dieguez 2411 N.W. 11th Street #14 Miami, Fla.	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME S/T/D Maria Luisa Aguiar 1848 N.W. 18th Street Miami, Fla.	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this filing as an attachment with an address.

SIGNATURE: *[Signature]* Reinaldo Dorta
DATE: 5-2-95