

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

PH 80  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

94 APR 28 PM 1:45

1. Corporation Name  
**REMA, INC.**

DOCUMENT #  
**S77331 (4)**

Mailing Address  
**3205 S.W. 105TH AVE.  
MIAMI FL 33185**

Principal Place of Business  
**3205 S.W. 105TH AVE.  
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1991**      3a. Date of Last Report: **04/15/1993**

4. FET Number: **68-0300053**      Applied For:  Not Applicable:

5. Certificate of Status Desired: **\$8.75 Administrative Charges**      6. Election Campaign Financing Trust Fund Contribution:

7. Nonprofit Exempt from \$138.75 Supplemental Fee:       \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MIAMI CORPORATE SYSTEMS  
5200 BLUE LAGOON DR.  
SUITE 700  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that I am the Secretary of the above named corporation and I hereby certify that the above information is true and correct to the best of my knowledge and belief. I have signed this statement and the corporation's board of directors has authorized me to sign and accept the obligations of Section 607.0506 or 617.0507, Florida Statutes.

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

12. OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>P/D DE LOS REYES, GABRIEL 3205 SW 105TH AVE MIAMI FL 33185</b>	1. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY		3. CITY	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	

14. I, the undersigned, being duly sworn, depose and say that I am the Secretary of the above named corporation and I hereby certify that the above information is true and correct to the best of my knowledge and belief. I have signed this statement and the corporation's board of directors has authorized me to sign and accept the obligations of Section 607.0506 or 617.0507, Florida Statutes.

SIGNATURE: *Gabriel A. de los Reyes*      4/24/1994

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR