FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9500003670

1. Corporation Name

REMAR - USA, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33130

984 WEST FLAGLER STREET

Mailing Address

664/668 N.E. 61 STREET MIAMI FL 33138

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90042 014 ****70.00

143926 90042 74 6 *



Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

07/31/1995

36-3804132

4. FEI Number

City & State	• /	28			5. Certificate of Status Desired Fee Required		- 1	
23 Zip /	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	May Be	
24	25	<u> </u>	30		Trust Fund Contribution Added		,	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name			- 1	
JIMENEZ, ANGEL				82 Street Address (P.O. Box Number is Not Acceptable)				
664-668 NE 61ST ST			1					
MIAMI FL 33138			83					
7117 (1111 T E	33.33		84	City		85 Zip C	ode	
_			**	City	F	:L		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				ared Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND		13.					
TITLE	P DELETE 1:		1.1 TITLE		DIAZ MIGUEL	☐ Change	Addition	
NAME	DIVE, MIGHEL		1.2 NAME		DIPL WIGHT - 88			
STREET ADDRESS	TABLE LENDINGELIAT NEE		1.3 STREE	TADDRESS	PASEO 201100 DEATH			
CITY-ST-ZIP	***************************************		1.4 CITY-S	T-ZIP	VITORIA SPAIN 01006			
TITLE	S DELETE		2.1 TITLE		Salas First	☐ Change	☐ Addition	
NAME	CASTRO, ELENA		2.2 NAME		CASTRO ELENA			
STREET ADDRESS				TADDRESS	664 N.E GISTLEET			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	MIBHI FU 83137			
TITLE	T S DELETE		3.1 TITLE		+	Change	☐ Addition	
NAME	MARTIN, MATEO G		3.2 NAME	Į	BRITO, WIS MARTINS		(
STREET ADDRESS	1330 / 32 STATE ST.		3.3 STREE	TADDRESS	1410 E CESAR CHAVES	Ĩ		
CITY-ST-ZIP	RACINE WI 53404		3.4. CITY-5	ST-ZIP	LUSTIN 4x 78703			
TITLE	D DELETE		4.1 TITLE		D	Change	☐ Addition	
NAME	JIMEREZ, ANGEL		4. 2 NAME		JIMENEZ ANGEL			
STREET ADDRESS	664 N.E. 61 STREET		4.3 STREE	TADDRESS	1 000.1			
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-S	T-ZIP	MIAMI FL 83137			
TITLE	D	⊅ DELETE	5.1 TITLE		CARINA BAUTSTEROS	Change	☐ Addition	
NAME	GILBERTO, DE JESUS		5.2 NAME					
STREET ADDRESS	664 NE 61ST		5.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33138		5.4 CITY-S	T-ZIP	AUSTIN +x 78703			
TITLE	D	☐ DELETE	6.1 TITLE		LENSILLO MARCOS	Change	☐ Addition	
NAME	BRITO, LUIS MARLINS		6.2 NAME		11102120		ł	
STREET ADDRESS	1410 E. CESAR CHAVEZ		6.3 STREE	TADDRESS		3		
CITY-ST-ZIP	AUSTIN TX 78703		6.4 CITY-S		LOS ADERLES CA.	10021		
14. I 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or are attachment with an address, with all other like empowered.

SIGNATURE: