

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L79379** (8)

1. Corporation Name

REMAX SYSTEMS, INC.



Principal Place of Business

Mailing Address

**%FREDERICK BUCHSBAUM
5805 BLUE LAGOON DR #320
MIAMI FL 33126**

**%FREDERICK BUCHSBAUM
5805 BLUE LAGOON DR #320
MIAMI FL 33126**

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
02/20/1995

2. Principal Place of Business
21 **2701 Ponce de Leon Blvd.**

2a. Mailing Address
26 **2701 Ponce de Leon Blvd.**

4. FEI Number
65-0204098

Applied For
Not Applicable

22 **Suite 300**

27 **Suite 300**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Coral Gables, FL**

28 **Coral Gables, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33134** 25 **Dade**

29 **33134** 30 **Dade**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHSBAUM, FREDERICK
5805 BLUE LAGOON DR #320
MIAMI FL 33126**

81 Name **Frederick Buchsbaum**

82 Street Address (P.O. Box Number is Not Acceptable)
2701 Ponce de Leon Blvd., Suite 300

83

84 City **Coral Gables**

85 Zip Code **FL 33134**

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

Signature, typed or printed name of registered agent and their application

(Print Name of Registered Agent Signature Required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **LE, DAO M**
STREET ADDRESS **5805 BLUE LAGOON DR #320**
CITY-ST-ZIP **MIAMI FL**

TITLE **VSD** ☐ DELETE
NAME **BUCHSBAUM, FREDERICK**
STREET ADDRESS **5805 BLUE LAGOON DR #320**
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 **7550 SW 82nd Court**
1.4 CITY-ST-ZIP **Miami, FL 33143**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **622 Velarde Avenue**
2.4 CITY-ST-ZIP **Coral Gables, FL 33134**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Fred Buchsbaum

Fred Buchsbaum

4/25/96

305/444-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)