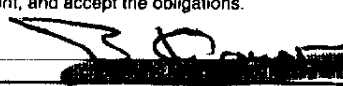


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company REMARK INVESTMENTS, I.C. 173 9TH AVE., S. NAPLES FL 34102		DOCUMENT # L96000001295 1a. Principal Place of Business Address 173 9TH AVE., S. NAPLES FL 34102 mwr	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 12/12/1996		3a. State of Formation FL	
4. FEI Number 59-3426358		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐ Sub 75 Additional Fee Required	
7. Name and Address of Current Registered Agent FILINGS, INC. 8732 N.W. 16TH STREET FT. LAUDERDALE FL 33311		8. Name and Address of New Registered Agent Name BEAT KRAMER Street Address (P.O. Box Number is Not Acceptable) 173 9th Av South Suite, Apt. #, etc. City NAPLES FL Zip Code 34102	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE:  DATE: 3/26/97 (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KRAMER, CLAUDIA G	173 9TH AVE., S.	NAPLES FL
MGRM	KRAMER, BEAT M	173 9TH AVE., S.	NAPLES FL
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  DATE: 3/3/97 941-649-7856 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			100002145401--1 -04/16/97--01111--015 ****203.75 ****203.75