

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 11 AM 10:57

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1** Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001441**

REMIS, L.L.C.  
407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH FL 33139

**1a.** Principal Place of Business Address  
407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH FL 33139

**2** Principal Place of Business **2a.** Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**3.** Date Organized or Qualified **3a.** State of Formation  
08/13/1998 FL

**4.** FEI Number  Applied For  
105-0856936  Not Applicable

**5.** Date of Last Report **6.** Certificate of Status Desired  
 \$8.75 Additional Fee Required

**7.** Name and Address of Current Registered Agent

**8.** Name and Address of New Registered Agent/Office

STRATTON, DOUGLAS D  
407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH FL 33139

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City Zip Code  
**FL**

**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. Thereby accept the appointment as registered agent, and accept the obligations.

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

**10.** Title Managing Members/Managers Business Street Address City, State and Zip Code

MGR HERMANUTZ, SILVIA 800 WEST AVE. APT. 514 MIAMI BEACH FL

100002806181-9  
-03/15/99 -01120-008  
\*\*\*\*188.75 \*\*\*\*188.75

**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:** *Silvia Hermanutz* 3/5/99