

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L99882
1. Corporation Name: REMELL'S, INC.

(7)



Principal Place of Business: 19410 NW 17TH AVE MIAMI FL 33056
Mailing Address: 19410 NW 17TH AVE MIAMI FL 33056

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 09/12/1990
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0235970
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: COWINS, BENJAMIN B SR, 19410 NW 17 AE, MIAMI FL 33056

10. Name and Address of New Registered Agent (81-84) and FL 85 Zip Code.

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: Benjamin B. Cowins, Sr. (Typed) and Benjamin B. Cowins Sr. (Handwritten) dated 3/25/96.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: COWINS, BENJAMIN B SR STREET ADDRESS: 19410 NW 17TH AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: COWINS, HARRIETT STREET ADDRESS: 19410 NW 17TH AVE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: COWINS, MARTHA STREET ADDRESS: 1718 NW 153RD ST CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: COWINS, REMELL STREET ADDRESS: 3201 NW 4TH TERRACE CITY-ST-ZIP: POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), 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 of this report, or on an attachment to this filing.

SIGNATURE: Benjamin B. Cowins, Sr. (Typed) and Benjamin B. Cowins Sr. (Handwritten) dated 3/25/96.

CR2E034 (12/95)