

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 Division of Corporations

1996 Amended

L99882

DOCUMENT # L99882

1. Corporation Name

Remell's, Inc.

FILED
 96 DEC 26 PM 2:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 19410 NW 17 Ave, Miami, FL 33056
 Mailing Address: 19410 NW 17 Ave, Miami, FL 33056

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

3. Date Incorporated or Qualified	3a. Date of Last Report
9/12/90	3/25/96
4. FEI Number	Applied For
65-0235970	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent
 Ben Cowins, Sr.
 19410 NW 17 Ave.
 Miami, FL 33056

10. Name and Address of New Registered Agent	
81 Name	B. Bernard Cowins, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	19410 NW 17 Ave
83 City	Miami FL
84 City	FL
85 Zip Code	33056

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: *Bernard Cowins, Jr.*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 12/24/96

12. OFFICERS AND DIRECTORS	
TITLE	PD Cowins, Benjamin B. Sr. <input checked="" type="checkbox"/> DELETE
NAME	19410 NW 17 Ave
STREET ADDRESS	Miami, FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P B. Bernard Cowins, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	19410 NW 17 Ave
13 STREET ADDRESS	Miami, FL 33056
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	400001989054-6 <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	-10/29/96--01120--011
33 STREET ADDRESS	*****35.00 *****35.00
34 CITY-ST-ZIP	
41 TITLE	400001989054-6 <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-12/26/96--01069--001
43 STREET ADDRESS	*****26.25 *****26.25
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benjamin B. Cowins, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-624-7253