


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90202 037 ***150.00

DOCUMENT # P02000056640

1. Entity Name
 REME CORP.



Principal Place of Business
 7210 N.W. 72ND AVENUE
 MIAMI, FL 33166 US

Mailing Address
 7210 N.W. 72ND AVENUE
 MIAMI, FL 33166 US

54044814



2. Principal Place of Business
 7369 NW 34 ST.
 Suite, Apt. #, etc.

3. Mailing Address
 8900 SW 102 COURT
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33122

Country
 DADE

Zip
 33176

Country
 DADE

4. FEI Number
 04-3676542

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, VIVIAN D
 1985 NW 88TH CT., SUITE 201
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MERCHAN FONSECA, OLGA H	
STREET ADDRESS	CARRERA 32 NO. 91-18	
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERCHAN FONSECA, ANA CECILIA	
STREET ADDRESS	CARRERA 32 NO. 91-18	
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON DUARTE, BRAULIO	
STREET ADDRESS	CARRERA 32 NO. 91-18	
CITY-ST-ZIP	BOGOTA, COLOMBIA SA,	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with an other life empowered.

SIGNATURE: Braulio Leon Duarte BRAULIO LEON DUARTE 4/22/04 (305) 805-9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #