


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-13-2003 90045 044 ***150.00

DOCUMENT # P02000056640

1. Entity Name
REME CORP.



Principal Place of Business
7234 NW 72ND AVE.
MIAMI FL 33166

Mailing Address
7234 NW 72ND AVE.
MIAMI FL 33166

55048458

2. Principal Place of Business
7210 N.W. 72ND AVENUE

3. Mailing Address
7210 N.W. 72ND AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
04-3676542

Applied For
Not Applicable

Zip
33166

Country
U S A

Zip
33166

Country
U S A

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	FONSECA, OLGA MARIA M	
STREET ADDRESS	CARRERA 32 NO. 91-18	
CITY - ST - ZIP	BOGOTA, COLOMBIA SA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONSECA, ANA CECILIA M	
STREET ADDRESS	CARRERA 32 NO. 91-18	
CITY - ST - ZIP	BOGOTA, COLOMBIA SA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUARTE, BRAULIO L	
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: OLGA MERCHAN **REQUOLGA=MERCHAN** **4-28-03** **305 850 9325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)