FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23212 REMY AMERICAS INC.

(4)

FILED Apr 04 1997 8:00am Secretary of State



1350 AVENUE OF THE AMERICAS ATT: 6 NEW YORK NY 10019 1350 A			ailing Address T: GENERAL COUNSEL 50 AVE. OF THE AMERICAS, 7TH FLOOR EW YORK NY 100194702					
						3. Date Incorporated or Qualified 03/01/1989	3a.08/01/1	ast Report 996
2. Principal Fi	lace of Business	2a. Mailing 26	Address			4. FEI Number 13-3083010		Applied For Not Applicable
Suite, Apl	#, etc.	Suite, A	Apt. #, øtc.			5. Certificate of Status Desired		. 75 Additional ee Required
City & State 23	0	City & 9	State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ 24	25		7ip Country 29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered A	gent			10. Name and Address of New R	egistered Agent	
	PRENTICE-HALL CORPORA	ation system, in	C.	81	Name			
1201 HAYS STREET SUITE 105				82	82 Street Address (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32301			63				
				84	City		FL 85	Zip Code
SIGNATURE	Signature, typical or pointed name of regioners					poration submits this statement for the ation's board of directors. I hereby accured when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
12.	ZELLER, HERVE		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	Ct Ct	
NAME STREET ADDRESS	1350 AVENUE OF THE AN NEW YORK NY 10019	MERICAS	1	1.2 NAME 1.3 STREET				
CHY-ST-ZIF	VSD		DELETÉ	1.4 CiTY - S	SY-ZIP		□ ci	nange Addition
TITUF NAME	KINCH, JULIE	icnia i A	[] VELETE	21 TITLE 2.2 NAME			ال الم	KANGE TENDRICON
STREET ADDRESS	1350 AVENUE OF THE AM NEW YORK NY 10019	MEHICAS		2.3 STREET	ADDRESS			
TITLE	TD COMMANDE		DELETE	3.1 TITLE	31tir		CI	nange Addition
NAME	PENOT, GUILLAUME 1350 AVENUE OF THE AA	MERICAS		3.2 NAME				
STREET ADDRESS CCTY+ST-ZIP	NEW YORK NY 10019			3.3 STREET 34 CITY	FADORESS ST-ZIP			
Tilté			DELETE	41 TITLE	OT CEN		CI	nange Addition
NAME			į	4 2 NAME	1			
STREET ADDRESS			į		F ADDRESS			
CHY-ST-Z-P Table			DELETE	4.4 CITY - 5.1 TITLE	DI-ZIP		CI	nange Addition
NAME				5.2 NAME	}			
STREET ASJURESS				5.3 STAEE	T ADDRESS			
CHY-S*-ZIP				5.4 CITY-	ST · ZIP			
JULLE			DELETE	6.1 TITLE		4	□ CI	hange [_] Addition
NAME OFFICE ADDRESS				62 NAME	T ADORESS			
STREET ADDRESS	1			■ osSiKth	FADRICAS I			

14. 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 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 if changed, or on an attachment with an address.

64 DITY-ST-ZIP

ie Phone # 0004298