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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000016849 (9)

1. Corporation Name
REMU, INC.

Principal Place of Business

8982 SW 8TH TERRACE
MIAMI FL 33174

Mailing Address

8982 SW 8TH TERRACE
MIAMI FL 33174



MIRMI PL 331/4		MINIMULE COLLEGE							
NOTION 1 TO SOUTH Y					3. Date Incorporated or Qualified 03/02/1994	3a. Date 0	of Last /11/1	-	
f) and f) and f) and f)		Mailing Address				4. FEt Number		<u> </u>	Applied For
. Principal Place of Business		<b>├</b> ─			NOT APPLICABLE			Not Applicabl	
	26	Suite, Apt. #, etc.						\$8.7	5 Additional
Suite. Apt. #, etc		27				5. Certificate of Status Desired			Required
City & State	28	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
	Country	Zip Cou		ountry		8. This corporation has liability for Florida Statutes Yes	intangible ta	under	s 199.032,
25	[29]	stand Anoni	30			10. Name and Address of New R		gent	
9. Name and	Address of Current Regis	sterea Agent	<del>-</del>	81	Name	10. 110.110.110.110.110.110.110.110.110.		<u> </u>	
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REBULL, JULIO G SR 8982 SW 8TH TERRACE				82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33174	<b>L</b>		ſ	в3					
			ľ	84	City		FL	85	Zip Code
						ation submits this statement for the purd of directors. I hereby accept the app		1, 1,	
GNATURE Squatine typed or protect from a chrogosterod agent are three tappic able (NOTE  2. OFFICERS AND DIRECTORS				riger	nt signature required	d when renstatings — DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
Services of the Diposition				13.		ADDITIONS/CHANGES TO OFF			
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CITY ST ZIE						for the exemption stated in Section 11	O OZIONIA EL	acido C	abitos I furtho

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 certify 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 3 if cylinged, or on an attachment with an address.

SIGNATURE;

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/9 G

Daytime Phone ≢