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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000026710 (1)**

1. Corporation Name

**R.E.M. WAREHOUSE CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8333 N.W. 60TH ST. MIAMI FL 33166	8333 N.W. 60TH ST. MIAMI FL 33166

3. Date Incorporated or Qualified <b>04/07/1984</b>	3a. Date of Last Report
4. FEI Number <b>65-0485813</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

~~VERA, RAUL A~~  
~~8333 N.W. 60TH ST.~~  
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name  
**NICOLAS A. CEDENO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**168 NW 85 CT**

83

84 City **MIAMI** FL 85 Zip Code **33126**

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: *Nicolas A. Cedeno* DATE: **4/14/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>VERA, RAUL A</b>
STREET ADDRESS	<b>7511 S.W. 36TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>TD</b>
NAME	<b>CEDENO, NICOLAS A</b>
STREET ADDRESS	<b>168 N.W. 85TH CT.</b>
CITY - ST - ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>GD</b>
NAME	<b>GARCIA, PEDRO</b>
STREET ADDRESS	<b>7720 S.W. 89TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL 33173</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SARAH DION</b>	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CARMEN LARUA</b>	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SARAH GARCIA</b>	
3.3 STREET ADDRESS	<b>7720 S.W. 89TH ST.</b>	
3.4 CITY - ST - ZIP	<b>MIAMI FL 33173</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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 its receiver or its duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Nicolas A. Cedeno* TALLAHASSEE 4/20/95 (306)592-1669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**NICOLAS A. CEDENO**