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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000088965

1. Corporation Name
REMESAS AMERICA ORIENTAL OF FLORIDA, INC.



Principal Place of Business
1594 N.W. 36TH STREET MIAMI FL 33142

Mailing Address
1594 N.W. 36TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1994

4. FEI Number
65-0538599

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

6. Election Campaign Financing - Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **735 NW 22 AVE**

2a. Mailing Address
 26 **735 NW 22 AVE**

22 Suite, Apt. #, etc.

23 City & State
MIAMI, FLORIDA

24 Zip **33125** 25 Country **US**

27 Suite, Apt. #, etc.

28 City & State
MIAMI, FLORIDA

29 Zip **33125** 30 Country **US**

9. Name and Address of Current Registered Agent
LOPEZ DE OLIVO, ANA A
1594 N.W. 36TH STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **LOPEZ SANTIAGO, ROBERTO**

STREET ADDRESS **1594 N.W. 36TH STREET**

CITY-ST-ZIP **MIAMI FL**

TITLE **V** DELETE

NAME **VIELUF, HEINZ**

STREET ADDRESS **1594 N.W. 36TH STREET**

CITY-ST-ZIP **MIAMI FL 33142**

TITLE **ST** DELETE

NAME **LOPEZ DEOLIVO, ANA A**

STREET ADDRESS **9431 FOUNTAINEBLEAU BLVD.**

CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGN HERE

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: **ANA LOPEZ DE OLIVO (SECRETARY/TREASURER)** Date _____ Daytime Phone # **(305) 645-1818**

CR2E034 (1/198)