

05-28-2002 91743 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088965
 1. Entity Name
REMESAS AMERICA ORIENTAL
OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1594 NW 36 ST
 Suite, Apt. #, etc.

3. Mailing Address
1594 NW 36 CT.
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33142 Country
USA

Zip
33142 Country
USA

4. FEI Number _____ Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANA A LOPEZ DE OLIVO

Street Address (P.O. Box Number is Not Acceptable)
1594 N.W 36TH STREET

City MIAMI FL Zip Code 33142

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.

SIGNATURE [Signature]
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>LOPEZ SANTIBAGO, ROBERTO</u> <u>1594 N.W 36 ST</u> <u>MIAMI, FLORIDA 33142</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>VIELOF HEINZ</u> <u>1594 N.W 36 ST</u> <u>MIAMI, FLORIDA 33142</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST.</u> <u>LOPEZ DE OLIVO, ANA A</u> <u>1594 N.W 36 ST.</u> <u>MIAMI, FLORIDA 33142</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ANA A. LOPEZ DE OLIVO 5-15-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
SECRETARY-TREASURER Daytime Phone # _____

CRZE034B (12/01)