FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000042828 (0)**

1. Corporation Name

REMS USA, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180	20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180

3. Date Incorporated or Qualified: **06/01/1995**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0608973 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~120T HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

10. Name and Address of New Registered Agent

81 Name: ROBERT LECHTER
82 Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE BLVD
83: SUITE 302
84 City: MIAMI FL 85 Zip Code: 33180

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: ROBERT LECHTER 1/13/96
(Signature of new registered agent, if changing) (Printed name of new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	LECHTER, ROBERT	1 2 NAME	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	1 4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	LECHTER, LORENA	2 2 NAME	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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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 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.

SIGNATURE: ROBERT LECHTER 1/13/96 305 932-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PC 2-21-96

CR2E034 (12/95)