


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000042828 (0)
 1. Corporation Name
REMS USA, INC.



Principal Place of Business 20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180	Mailing Address 20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1995	
21 1250 E Hallandale Beach Blvd	26 1250 E Hallandale Beach Blvd	4. FEI Number 65-0608973		Applied For Not Applicable	
22 Suite 809	27 Suite 809	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Hallandale, FL	28 Hallandale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33009	25 US	29 33009	30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LECHTER, ROBERT 20801 BISCAYNE BLVD SUITE 302 MIAMI FL 33180				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D.P.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECHTER, ROBERT	1.2 NAME	ROBERT LECHTER
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	1.3 STREET ADDRESS	1250 E. HALLANDALE BEACH BND, Suite 809
CITY-ST-ZIP	MIAMI FL 33180	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECHTER, LORENA	2.2 NAME	Lechter, Lorena
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	2.3 STREET ADDRESS	1250 E. Hallandale Beach Blvd, Suite 809
CITY-ST-ZIP	MIAMI FL 33180	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:  **ROBERT LECHTER, PRES 4/16/98 954 455 3460**

CR2E034 (10/97)