

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90015 041 ***150.00

DOCUMENT # P95000042828

1. Corporation Name
REMS USA, INC.



Principal Place of Business
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

Mailing Address
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1995

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1150B E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

22 City & State
23 HALLANDALE FL

24 Zip 33009 25 Country USA

2a. Mailing Address

26 1150B E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

27 City & State
28 HALLANDALE FL

29 Zip 33009 30 Country USA

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

ROBERT LECHTER

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

1150E HALLANDALE BEACH BLVD

83 City

HALLANDALE

84 State

FL

85 Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ROBERT LECHTER

4/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
LECHTER, ROBERT
STREET ADDRESS
1250 E HALLANDALE BEACH BLVD SUITE 809
CITY-ST-ZIP
HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
D
LECHTER, LORENA
STREET ADDRESS
1250 E HALLANDALE BEACH BLVD SUITE 809
CITY-ST-ZIP
HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
DPS
LECHTER, ROBERT
1.3 STREET ADDRESS
1150B E. HALLANDALE BEACH BLVD
1.4 CITY-ST-ZIP
HALLANDALE FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D
LECHTER, LORENA
2.3 STREET ADDRESS
1150B E. HALLANDALE BEACH BLVD
2.4 CITY-ST-ZIP
HALLANDALE FL 33009

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

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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT LECHTER 4/27/99 954 453660

CR2E034 (11/98)

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