

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

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

05-05-1999 90032 037 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000064655**

1. Corporation Name  
**REM HOLDINGS, INC.**



Principal Place of Business: 601 BRICKELL KEY DR. STE 705 MIAMI FL 33131  
 Mailing Address: 601 BRICKELL KEY DR. STE 705 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/22/1998**

4. FEI Number:  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:  No

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 [ ]

9. Name and Address of Current Registered Agent  
**DE LA PENA, VILLANUEVA & BAJANDAS, LLP**  
 601 BRICKELL KEY DR, STE 705  
 MIAMI FL 33131

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>P/S/D</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>GUILLERMO MENENDEZ</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>601 BRICKELL KEY DRIVE, SUITE 705</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>S</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>RICARDO BAJANDAS</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>601 BRICKELL KEY DRIVE, SUITE 705</b>
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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **RICARDO BAJANDAS** **4/28/99** **(305) 377-0809**  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)