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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S34534 (5)
1. Corporation Name
REMCO INTERNATIONAL, INC.

Principal Place of Business: 5733 NW 159 ST. MIAMI LAKES FL 33014 US
Mailing Address: 5733 NW 159 ST. MIAMI LAKES FL 33014 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/26/1991		3a. Date of Last Report 02/01/1994	
2. Principal Place of Business 21		4. FEI Number 65-0225371	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name BREAKWELL, PHILLIP		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 110 NE 7 AVE.		82 Street Address (P.O. Box Number is Not Acceptable) 102 N.E. 18 ST.	
83		83	
84 City DELRAY BEACH		84 City DELRAY BEACH	
85 State FL		85 State FL	
86 Zip Code 33444		86 Zip Code 33444	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAKWELL, PHILLIP	1.2 NAME	
STREET ADDRESS	110 N.E. 7 AVE., APT. 1	1.3 STREET ADDRESS	102 N.E. 18 ST.
CITY - ST - ZIP	DELRAY BCH. FL	1.4 CITY - ST - ZIP	DELRAY BEACH FL
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAKWELL, JAMES	2.2 NAME	
STREET ADDRESS	14500 SABAL DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANCELOVCI, JORGE	3.2 NAME	
STREET ADDRESS	ROMAN DIAZ 317 OF 11	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO CH	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, ARNALDO	4.2 NAME	
STREET ADDRESS	ROMAN DIAZ 317 OF 11	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANTIAGO, CHILE	4.4 CITY - ST - ZIP	
TITLE		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		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 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: PHILLIP BREAKWELL 4/21/95 (305) 824-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR