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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S34534**

(5)

1. Corporation Name  
**REMACO INTERNATIONAL, INC.**



Principal Place of Business  
**5733 NW 159 ST.  
MIAMI LAKES FL 33014  
US**

Mailing Address  
**5733 NW 159 ST.  
MIAMI LAKES FL 33014-6750  
US**

3. Date Incorporated or Qualified **02/26/1991** 3a. Date of Last Report **05/09/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0225371** Applied For  Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREAKWELL, PHILLIP  
102 NE 18TH STREET  
DELRAY BCH. FL 33444**

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

Signature of Registered Agent and the Corporation (None Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREAKWELL, PHILLIP</b>	1.2 NAME	
STREET ADDRESS	<b>102 NE 18TH STREET</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>DELRAY BCH. FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>DS</b>	2.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREAKWELL, JAMES</b>	2.2 NAME	<b>BREAKWELL, JAMES</b>
STREET ADDRESS	<b>14500 SABAL DR</b>	2.3 STREET ADDRESS	<b>2771 SW 5 ST</b>
CITY, ST, ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY, ST, ZIP	<b>DELRAY BEACH FL, 33445</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANCELOVICI, JORGE</b>	3.2 NAME	
STREET ADDRESS	<b>ROMAN DIAZ 317 OF 11</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SANTIAGO CH</b>	3.4 CITY, ST, ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FUENTES, ARNALDO</b>	4.2 NAME	<b>MIRAD, ANTONIO</b>
STREET ADDRESS	<b>ROMAN DIAZ 317 OF 11</b>	4.3 STREET ADDRESS	<b>SAN NICOLAS 101/9</b>
CITY, ST, ZIP	<b>SANTIAGO, CHILE</b>	4.4 CITY, ST, ZIP	<b>(2700) PERGAMINO, ARGENTINA</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VALOIS, DANIEL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>ABANICO A CANONIGOS EDIF. TULIPAN</b>
CITY, ST, ZIP		5.4 CITY, ST, ZIP	<b>CARACAS, VENEZUELA</b>
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 declare by certifying 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 contained 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 a director or officer 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 at change or on an attachment with an address.

SIGNATURE:

*Phillip Breakwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILLIP BREAKWELL FEB 21/97 305-824-1805**

CR2E034 (9/96)