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

• PROFIT' CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$43306

(7)

THE R.E.M. GROUP, INC.

FILED
Apr 23 1997 8:00am
Secretary of State



S. Dels Incorporated Orusified   Sp. Date of Last Report   Ch/03/1901   Sp. Date of Ch/03/1901   Sp. Date of Last Report   Ch/03/1901   Sp. Date of Ch/03/1901   Sp			% MIGUEL M GONZALEZ. 370 MINORCA AVE. STE S	Mailing Address  Miguel M Gonzalez, ESQ.  370 Minorca Ave. Ste 5  Coral Gables Fl 33134-4911			···			
Subst. April 6, etc.    Subst. April 6, etc.   27										
Sality Apr 4. Pr. C.  27		Place of Business								
City & State	Suite, Apt. #, etc. Suite, Apt.			, etc.		5. Certificate of Status Desired		3.75 Additional		
20	City & Sta	le	⊢¬ '			,				
SONZALEZ, MIOURS STE 5 CORAL GABLES FL 33134  18. Sivest Address (P.O. Box Number is Not Acceptable)  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 significant manufacturity and accept the objective of special manufacturity and accept the special manufacturity and accept the objective of special manufacturity and accept the objective of special manufacturity and	Zip	<u> </u>	Zip	<b>⊢</b> ′	1	This corporation has liability for in	ntangible tax u	nder s. 199.032,		
STO MINORCA AVE STE 5 CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 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 Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent. 2 minimum trainer with, and accept the obligations of, Section 607 5050, Farcia Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE  ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE  OFFICERS AND DIRECTORS  13. TITLE  ORAL GABLES, FL 33134  Change Addition  MACE  STREET ACCRESS  OTH ST-2P  ORAL GABLES, FL 33134  Change Addition  DELETE  11 TITLE  D/S  RUTH ESTRADA MENENDEZ  370 MINORCA AVE., SUITE 7  CORAL GABLES, FL 33134  Change Addition  MACE  STREET ACCRESS  OTH ST-2P  OTHER ACCRESS  OTH				1001						
STEE 5 CORAL GABLES FL 33134  84	GO	NZALEZ, MIGUEL M.		81	Nam	9				
CORAL GABLES FL 33134    83	370 MINORCA AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
Section   Sect				83						
19.1 Pursuant to the provisions of Sections 607.0502 and 607.1508. Plorida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				84	City		E1 85	Zip Code		
12. OFFICERS AND DIRECTORS  INTERPRETADORESS COTY ST-2P INTE INTE CORAL SABLES FL  INTE INTE CORAL SABLES FL  INTE INTE CORAL SABLES FL  INTE INTE INTE INTE INTE INTE INTE INT	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 farrilliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE.									
TITLE MAME  STREET ADDRESS CITY ST- ZP  DELETE  DELETE  STITULE MAME  STREET ADDRESS CITY ST- ZP  DELETE  DELETE  STITULE MAME  STREET ADDRESS CITY ST- ZP  DELETE  DELETE  STITULE MAME  STREET ADDRESS CITY ST- ZP  DELETE  STITULE MAME  STREET ADDRESS CITY ST- ZP  DELETE  STITULE MAME  STREET ADDRESS CITY ST- ZP  DELETE  STITULE MAME STREET ADDRESS CITY ST- ZP  DELETE  STITULE MAME STREET ADDRESS	10				ant signati					
NAME   STREET ADDRESS		-A-								
STREET ADDRESS   STRE		GARCIA FREIO PROCO	<u></u>			1 *	(A)	nantie (***) woonno		
City St - 2P		STA MINORAL ME AT	infler		*********					
DELETE		CORNE CARLES EL.				370 MINORCA AVE., SUITI	E 5			
DELETE   DELETE   DELETE   STREET ADDRESS   STREET ADDR			DELETE		1-212		T r	hanne DE Additio		
SIREET ADDRESS CHY-ST-ZIP TITLE DELETE 31 TITLE 32 AME 32 NAME 32 NAME 33 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE NAME 42 NAME 43 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE AME 41 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE AME 51 REET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE NAME 51 REET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE DELETE 52 NAME 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS			tand Objects				۰۰ نسا	adings Environmo		
DELETE   DELETE   2 4 CiTY-ST-ZIP   CORAL GABLES, PL 33134   Change   Addition					ADDAGG					
DELETE   DELETE   31 TITLE   33 TITLE   34		1				370 MINORGA AVE., SUITE	3 %			
STREET ADDRESS   33 STREET ADDRESS   34. CITY - ST - ZIP			DELETE		J. 4.	CORAL GABLES, FL 33134		hange Additio		
STREET ADDRESS   STRE	NAME			32 NAME						
DELETE	STREET ADDRESS			3.3 STREET	ADDRESS		•			
DELETE	CITY: ST-ZIF	<u> </u>		3.4. CITY - 1	ST-ZIP					
A3 STREET ADDRESS   A4 CITY - ST - ZIP	Trice		☐ DELETE					nange Additio		
CHY-ST-ZIP	NAME			4. 2 NAME						
DELETE	STREET ADDRESS			4.3 STREET	ADDRESS					
NAME  STREET ADDRESS  CHY-ST-ZIP  TIME  DELETE  6.1 TITLE  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS	CITY-ST-ZIP			4.4 CITY - S	T- ZIP					
STREET ADDRESS  CHY-ST-ZIP  TIPLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS	TOTLE		DELETE	5.1 TITLE			CI	nange Additio		
	NAME			5.2 NAME						
TI'LE DELETE 6.1 TITLE Change Addition  NAME STREET ADDRESS  DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS	STREET ADDRESS			5.3 STREET	ADDRESS					
NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS	CITY-ST-ZIP			5.4 CITY - S	1 - ZIP					
STREET ADDRESS 6.3 STREET ADDRESS	TIPLE		DELETE	6.1 TITLE			CI	nange Additio		
	NAME			6.2 NAME						
C/TY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			6.3 STREET	ADDRESS					
	City - St - ZiP			6.4 CITY-S	T- 21P					

4. I do hereby certify that the information supplied with this filling 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 imputat 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 in the acceiver 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 changes, or an attackment with an address.

SIGNATURE:

GNATURE AND THE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

V4/14/97 (

Bar) 461-165