

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 90033 004 ***150.00

DOCUMENT # S43306

1. Corporation Name
THE R.E.M. GROUP, INC.

Principal Place of Business

~~% MIGUEL M GONZALEZ ESQ.~~
~~370 MINORCA AVE STE 5~~
~~CORAL GABLES FL 33134~~
US

Mailing Address

~~% MIGUEL M GONZALEZ ESQ.~~
~~370 MINORCA AVE STE 5~~
~~CORAL GABLES FL 33134~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

22 SUITE 705

City & State

23 MIAMI, FL

Zip Country

24 33131 25 U.S.

2a. Mailing Address

26 601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

27 SUITE 705

City & State

28 MIAMI, FL

Zip Country

29 33131 30 U.S.

3. Date Incorporated or Qualified

04/03/1991

4. FEI Number

65-0252620

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

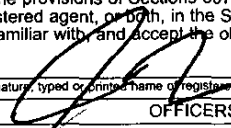
9. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M.
370 MINORCA AVE
STE 5
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
DE LA PENA, VILLANUEVA & BAJANDAS, LLP
82 Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE, SUITE 705
83
84 City
MIAMI FL 85 Zip Code
33131

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  RICARDO BAJANDAS, PARTNER

4/28/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MENENDEZ, GUILLERMO
STREET ADDRESS 370 MINORCA AVE., SUITE 5
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE DS
NAME MENENDEZ, RUTH E
STREET ADDRESS 370 MINORCA AVE., SUITE 5
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME GUILLERMO MENENDEZ
1.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME RUTH E. MENENDEZ
2.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME RICARDO BAJANDAS
3.3 STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705
3.4 CITY-ST-ZIP MIAMI, FL 33131

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 all other like empowered.

SIGNATURE:  RICARDO BAJANDAS

4/28/99

(305) 377-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)