

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S71425** (0)

1. Corporation Name
REMAO CORPORATION



Principal Place of Business
**1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166**

Mailing Address
**1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
08/07/1991	04/27/1995
4. FFI Number	Applied For / Not Applicable
NOT APPLICABLE	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DE MARTINI, MARTA C.
1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.08-09 and 607.1505, 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 607.0105, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PTD	
NAME	DE MARTINI, RENATO	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY, ST, ZIP	MIAMI SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DE MARTINI, ELIO V.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY, ST, ZIP	MIAMI SPRINGS FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	DE MARTINI, MARTA C.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY, ST, ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE MARTINI, MARTA C.	
STREET ADDRESS	1076 MEADOWLARK AVE	
CITY, ST, ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14 TITLE			
15 NAME			
16 STREET ADDRESS			
17 CITY, ST, ZIP			
18 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19 NAME			
20 STREET ADDRESS			
21 CITY, ST, ZIP			
22 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23 NAME			
24 STREET ADDRESS			
25 CITY, ST, ZIP			
26 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
27 NAME			
28 STREET ADDRESS			
29 CITY, ST, ZIP			
30 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
31 NAME			
32 STREET ADDRESS			
33 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this filing 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 of this report. I understand that certain agent information files.

SIGNATURE: *Marta De Martini* **MARTA DE MARTINI** 04-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)