

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # S71425 (0)**

1. Corporation Name  
**REMAID CORPORATION**



Principal Place of Business <b>1076 MEADOWLARK AVE MIAMI SPRINGS FL 33166</b>	Mailing Address <b>1076 MEADOWLARK AVE MIAMI SPRINGS FL 33166-3221</b>
--	---

3. Date Incorporated or Qualified <b>06/07/1991</b>		3a. Date of Last Report <b>04/19/1996</b>	
2. Principal Place of Business		4. FEI Number <b>NOT APPLICABLE</b>	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State	
23. Zip		28. City & State	
24. Country		29. City & State	
25. Country		30. Country	
26. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27. City & State		6. 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 <b>DE MARTINI, MARTA C. 1076 MEADOWLARK AVE MIAMI SPRINGS FL 33166</b>				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)				FL			
83.							
84. City							

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MARTINI, RENATO</b>	1.2 NAME	
STREET ADDRESS	<b>1076 MEADOWLARK AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MARTINI, ELIO V.</b>	2.2 NAME	
STREET ADDRESS	<b>1076 MEADOWLARK AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MARTINI, MARTA C.</b>	3.2 NAME	
STREET ADDRESS	<b>1076 MEADOWLARK AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MARTINI, MARTA C.</b>	4.2 NAME	
STREET ADDRESS	<b>1076 MEADOWLARK AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 do 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.

SIGNATURE: *Marta De Martini* **MARTA DE MARTINI** 04-15-97 305 887-1613  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)