

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

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Apr 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71425

1. Corporation Name
REMA CORPORATION

Principal Place of Business
1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166

Mailing Address
1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <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				10. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MARTINI, RENATO		1.2 NAME		
STREET ADDRESS	1076 MEADOWLARK AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MARTINI, ELIO V.		2.2 NAME		
STREET ADDRESS	1076 MEADOWLARK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MARTINI, MARTA C.		3.2 NAME		
STREET ADDRESS	1076 MEADOWLARK AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MARTINI, MARTA C.		4.2 NAME		
STREET ADDRESS	1076 MEADOWLARK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		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 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: Marta De Martini MARTA DE MARTINI April 10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-11/98