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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V49852 (9)
1. Corporation Name
REMIG, INC.



Principal Place of Business: 10275 S.W. 77TH COURT MIAMI FL 33156
Mailing Address: 10275 S.W. 77TH COURT MIAMI FL 33156-2681

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21 10579 NW 51ST LN
Suite, Apt. #, etc.
22
City & State: MIAMI FL
Zip: 33178
Country: USA

2a. Mailing Address
26 10579 NW 51ST LN.
Suite, Apt. #, etc.
27
City & State: MIAMI FL
Zip: 33178
Country: USA

4. FEI Number: 65-0349152
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DE LEO, SANTE
10579 NW 51ST LANE
MIAMI FL 33178

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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
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	D	<input type="checkbox"/> DELETE
NAME	DE LEO, SANTE	
STREET ADDRESS	10275 S.W. 77TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE LEO SANTE	
1.3 STREET ADDRESS	10579 NW 51 ST LN	
1.4 CITY-ST-ZIP	MIAMI FL 33178	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DE LEO SINA	
2.3 STREET ADDRESS	10579 NW 51 ST LN	
2.4 CITY-ST-ZIP	MIAMI FL 33178	
3.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DE LEO ROBERTO	
3.3 STREET ADDRESS	8230 SW 62 CT.	
3.4 CITY-ST-ZIP	MIAMI FL 33143	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DE LEO RICCARDO	
4.3 STREET ADDRESS	10579 NW 51 ST LN	
4.4 CITY-ST-ZIP	MIAMI FL 33178	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* 4.12.97 205-477-0352

CR2E034 (9/96)