

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 1 AM 8:17

DOCUMENT # **P94000085516 (0)**

1. Corporation Name  
**SCALA LATIN AMERICA, INC.**

Principal Place of Business  
**200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

Mailing Address  
**200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/23/1994**

3a. Date of Last Report

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

4. FEI Number <b>59-3280073</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATE SUPPORT, INC.  
200 E ROBINSON ST  
SUITE 500  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent	
81 Name <b>FLORIDA CORPORATE SUPPORT, INC.</b>	85 Zip Code <b>32801</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>200 E. ROBINSON STREET, Suite 500</b>	
83	
84 City <b>ORLANDO</b>	85 State <b>FL</b>

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 *L. P. Thomas* DATE *5/23/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LAWRENCE D	1.2 NAME	
STREET ADDRESS	400 GOLF BROOK CIR APT 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, AMY P	2.2 NAME	
STREET ADDRESS	400 GOLF BROOK CIR APT 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCONCHEL, RAIMUNDO	3.2 NAME	
STREET ADDRESS	RAFAEL VILLA 57	3.3 STREET ADDRESS	
CITY - ST - ZIP	28023 MADRID SPAIN	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *L. P. Thomas* DATE *23 May 1995*