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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010212 (5)

GRUPO SCANDI USA, INC.

## FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Malling Address			# 100   100   110   110   10   10   10			
180 CRANDO BLVD #118		180 CRANDO BLVD #118				
		KEY BISCAYNE FL 33149				
				DO NOT WRITE IN THIS :  3. Date Incorporated or Qualified	SPACE	
				02/07/1995		
2. Principal P	lace of Business	2a. Mailing Address	1.800	4. FEI Number	Applied For	
21		26 GI3 OCEAN DR		65-0553360	Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		27 D City & State		6. Election Campaign Financing	\$5.00 May Be	
23	9	28 KGY BISC/	AYNE FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip {	Country	8. This corporation owes or has paid the our	rent year Intangible	
24	25	29 33 149 3	OUS.A.	Personal Property Tax due June 30.	Yes 🗌 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
	NUERO, FERNANDO		81 Name			
613 OCEAN DRIVE, #11-D KEY BISCAYNE FL 33149			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
į			83			
i [			<b>84</b> City	FL	85 Zip Code	
11 Purguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named cor	rooration submits this statement for the purpose of	changing its registered	
office or r	egistered agont, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE		Alozz	B	uired when reinstating) DATE		
12.	Signature, typed or printed name of registered agon OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TOTLE		Change Addition	
NAME	AGUERO, FERNANDO		1.2 NAME		-	
STREET ADDRESS	613 OCEAN DRIVE, #11-D		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DEL€TE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BENOTTO, TERESA		2.2 NAME			
STREET ADDRESS	613 OCEAN DRIVE, #11-D		2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2. 4 CITY-ST-ZIP			
TITLE		☐ DEL€TE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		Deriete	3.4. CITY-ST-ZIP		Change Addition	
TITLE		L DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE			5.1 TITLE		C Ondings C Rocificit	
NAME CYDEET ADDRESS			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
i			6.2 NAME			
NAME expect aposece			6.3 STREET ADDRESS			
STREET ADDRESS			0.3 STREET AUDMESS			

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.

1 100 (000) 201 0111