FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **843742** **(8)**

1. Corporation Name
SCOPAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4205 SALZEDO ST CORAL GABLES FL 33146	4205 SALZEDO ST CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/20/1979**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1729460** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	11 TITLE	☒ Change ☐ Addition	P/D
NAME	SCOPETTA, JOHN N.	12 NAME		John N. Scopetta
STREET ADDRESS	290 HARBOR DRIVE	13 STREET ADDRESS		4205 Salzedo St.
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP		Coral Gables, FL 33146
TITLE	STD	21 TITLE	☐ Change ☒ Addition	D/S/T
NAME	RODRIQUEZ, ULISES	22 NAME		Mercedes E. Scopetta
STREET ADDRESS	5971 W. 13 AVE.	23 STREET ADDRESS		4205 Salzedo Street
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP		Coral Gables, FL 33146
TITLE	VD	31 TITLE	☒ Change ☐ Addition	V/D
NAME	SCOPETTA, JOHN R.	32 NAME		John R. Scopetta
STREET ADDRESS	4650 S.W. 62ND AVE.	33 STREET ADDRESS		4205 Salzedo Street
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		Coral Gables, FL 33146
TITLE	VD	41 TITLE	☒ Change ☐ Addition	V/D
NAME	SCOPETTA, GEORGE M.	42 NAME		George M. Scopetta
STREET ADDRESS	710 WOODCREST RD	43 STREET ADDRESS		4205 Salzedo Street
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP		Coral Gables, FL 33146
TITLE		51 TITLE	☐ Change ☒ Addition	AS/AT
NAME		52 NAME		Marlene Martinez
STREET ADDRESS		53 STREET ADDRESS		4205 Salzedo St.
CITY-ST-ZIP		54 CITY-ST-ZIP		Coral Gables, FL 33146
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(k), 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: _____ George M. Scopetta 4/12/95 (305) 567-2630
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0189324 CP