

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
07/20/1979

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 **1525 N.W. 167 St.**

2a. Mailing Address

26 **1525 N.W. 167 St.**

4. FEI Number
59-1729460

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **145**

Suite, Apt. #, etc.

27 **145**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State
Miami, FL

28 City & State
Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip
33169

Country

USA

29 Zip
33169

Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
SCOPETTA, JOHN N.
4205 SALZEDO ST.
CORAL GABLES FL 33146**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

SEE NEW ADDRESS ABOVE

TITLE ☐ DELETE

NAME
**DST
SCOPETTA, MERCEDES E.
4205 SALZEDO STREET
CORAL GABLES FL 33146**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**VD
SCOPETTA, JOHN R.
4205 SALZEDO STREET
CORAL GABLES FL 33146**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**VD
SCOPETTA, GEORGE M
4205 SALZEDO STREET
CORAL GABLES FL 33146**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**ASAT
MARTINEZ, MARLENE
4205 SALZEDO ST
CORAL GABLES FL 33146**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(305) 620-7778

Date

Daytime Phone #

CR2E034 (12/95)