

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000001462 (8)

1. Corporation Name
SCALA NORTH AMERICA, INC.



Principal Place of Business % EDWARDS & ANGELL 250 ROYAL PALM WAY #300 PALM BCH FL 33480	Mailing Address % EDWARDS & ANGELL 250 ROYAL PALM WAY #300 PALM BCH FL 33480
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0658776		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DE LABRY, COLETTE O
% EDWARDS & ANGELL
250 ROYAL PALM WAY #300
PALM BCH FL 33480

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	C
NAME	MYREN, PER-OLOF	1.2 NAME	MYREN, PER-OLOF
STREET ADDRESS	%EDWARDS & ANGELL, 250 ROYAL PALM WAY #300	1.3 STREET ADDRESS	%EDWARDS & ANGELL, 250 Royal Palm Way
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DS	2.1 TITLE	S
NAME	SOKOL, ALBERT L	2.2 NAME	SOKOL, ALBERT L
STREET ADDRESS	%EDWARDS & ANGELL, 101 FEDERAL ST	2.3 STREET ADDRESS	%EDWARDS & ANGELL, 101 Federal St
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	BOSTON, MA 02110
TITLE	DPVT	3.1 TITLE	DPVPT
NAME	LYNCH, KEVIN	3.2 NAME	LYNCH, KEVIN
STREET ADDRESS	350 THEODORE FREMD AVE #300	3.3 STREET ADDRESS	350 Theodore Fremd Ave. #300
CITY-ST-ZIP	RYE NY	3.4 CITY-ST-ZIP	RYE, NY
TITLE	D	4.1 TITLE	D
NAME	WAHLSTEDT, ULF	4.2 NAME	LONGMAN, MICHAEL
STREET ADDRESS	VIKDALSVAGAN 50 BOX 104	4.3 STREET ADDRESS	Oktober 6, utca 7 III floor
CITY-ST-ZIP	NACKA SW	4.4 CITY-ST-ZIP	Budapest, Hungary
TITLE		5.1 TITLE	D
NAME		5.2 NAME	HOULE, CHRISTOPHER
STREET ADDRESS		5.3 STREET ADDRESS	Oktober 6, utca 7 III floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Budapest, Hungary
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)