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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H31833** **(7)**

1. Corporation Name
SCION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE SUITE 680 MIAMI FL 33126	5201 BLUE LAGOON DRIVE SUITE 680 MIAMI FL 33126-2075

3. Date Incorporated or Qualified: 11/30/1984
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business	2a. Mailing Address
21 5200 Blue Lagoon Dr.	26 5200 Blue Lagoon Dr.
Suite, Apt. #, etc. 22 Suite 890	Suite, Apt. #, etc. 27 Suite 890
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

4. FEI Number: 59-2489566 ☐ 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

LEVINSON, MELVIN E M.D.
5201 BLUE LAGOON DRIVE
SUITE 680
MIAMI FL 33126

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	PSD	☐ DELETE	1.1 TITLE	stephen Chakoff	☒ Change ☐ Addition
NAME	CHAKOFF, STEPHEN		1.2 NAME		
STREET ADDRESS	~~15405 SW 72ND CT~~		1.3 STREET ADDRESS	5200 Blue Lagoon Dr. ;Suite 890	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	Miami, Fl 33126	
TITLE	T/D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEVINSON, MELVIN E MD		2.2 NAME	Levinson, Melvin E, M.D.	
STREET ADDRESS	5201 BLUE LAGOON DR.,SUITE 680		2.3 STREET ADDRESS	5200 Blue Lagoon Dr. Suite 890	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	Miami, Fl 33126	
TITLE	VP/D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LOONEY, KEVIN		3.2 NAME		
STREET ADDRESS	1002 JUPITER PARK LANE, UNIT 5		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	GOLDFARB, FRANK		4.2 NAME	Goldfarb, Frank	
STREET ADDRESS	15405 S.W. 72ND COURT		4.3 STREET ADDRESS	5200 Blue Lagoon Dr. Suite 890	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	Miami, Fl 33126	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/7/97 305-2638199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #