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FILED
Apr 15 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 # H31833 (7)

1. Corporation Name
SCION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE STE 890 MIAMI FL 33126 US	5201 BLUE LAGOON DRIVE STE 890 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1984

2. Principal Place of Business	2a. Mailing Address
21 5200 Blue Lagoon Dr.	26 5200 Blue Lagoon Dr.
22 Suite 890	27 Suite 890
23 Miami, Fl	28 Miami, Fl
24 33126 25 US	29 33126 30 US

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVINSON, MELVIN E M.D. 5201 BLUE LAGOON DRIVE SUITE 680 MIAMI FL 33126	81 Name: Melvin Levinson, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Dr. 83 Suite 890 84 City: Miami FL 85 Zip Code: 33126

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	☐ Change ☐ Addition
NAME	CHAKOFF, STEPHEN		1.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	T/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINSON, MELVIN E MD		2.2 NAME	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
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	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	400002489014 -04/15/98--01017--022 ***300.00
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 (10/97)

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.

SIGNATURE: [signature] 4-10-98 (305)263-8199