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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # H31833 (7)

1. Corporation Name
SCION INTERNATIONAL, INC.

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

Mailing Address
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
21 5200 Blue Lagoon Dr.
22 Suite, Apt. #, etc. Suite 890
23 City & State Miami, Fl
24 Zip 33126 25 Country US

2a. Mailing Address
26 5200 Blue Lagoon Dr.
27 Suite, Apt. #, etc. Suite 890
28 City & State Miami, Fl
29 Zip 33126 30 Country 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
LEVINSON, MELVIN E M.D.
5201 BLUE LAGOON DRIVE
SUITE 680
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	CHAKOFF, STEPHEN	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890	
CITY-ST-ZIP	MIAMI FL	
TITLE	T/D	☐ DELETE
NAME	LEVINSON, MELVIN E MD	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP/D	☒ DELETE
NAME	LOONEY, KEVIN	
STREET ADDRESS	1002 JUPITER PARK LANE, UNIT 5	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	☐ DELETE
NAME	GOLDFARB, FRANK	
STREET ADDRESS	5200 BLUE LAGOON DR, STE 890	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400002489014 -04/15/98--01017--022 ***300.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 registrant 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: _____ 4-10-98 (305)263-8199

CR2E034 (10/97)