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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K46394 1. Corporation Name

SCARSDALE, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90246 031 ***150.00

110000000000000000000000000000000000000		ı

Principal Place	of Business	Mailing Address			- 1 (48)(0)(() 0)() 0)(0) 0 ()()() 0)()()		II 84811 AIAII EAA4
9749 SW 111 TERRACE 9749 SW 111 TERRACE MIAMI FL 33176 MIAMI FL 33176					DO NOT WRITE IN	I THIS SPACE	
					3. Date Incorporated or Qualifed	THIS STACE	
	•				11/21/1988		}
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0317787		Not Applicable
	#, etc	Suite, Apt. #, etc			 	\$8.75	Additional -
22		27			5. Certificate of Status Desired	Fee l	Required
City & State	8	City & State			6. Election Campaign Financing	\$5.0	0 мау Ве
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	country		g. This corporation owes the current y		
24	25	29 30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent	
SININ	IARJAH, SIVAKUMAR		"	Name			
	SW 111 TERRACE		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	# FL 33176		83				
,,,,,,,,	11 12 00 17 0		3				
			84	City		E1 85 Zi	p Code
1. 0	4- th	and 607 1509 Florida Statutes the	above	named como	ration submits this statement for the purp	onse of changing i	its registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was authoria	zed by	the corporation	n's board of directors. I hereby accept the	appointment as	registered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	tatutes. 💋		1.	1,-100	1
SIGNATURE	Signature, typed or printed frame of registered agen	JINNARAJAH.	FES I	signature required	when reinstating))	
12.	OFFICERS AN		3.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	P		1 TITLE			Chang	
NAME	SINNARAJAH, SIVAKUMAR	1.	2 NAME	ľ			}
STREET ADDRESS	9749 SW 111 TERRACE	1.	3 STREET	ADDRESS			\
CITY-ST-ZIP	MIAMI FL 33176	1.	4 CITY-ST	r-ZIP			
TITLE	VPS	(_) DELETE 2.	1 TITLE			☐ Chang	e Addition
NAME	SINNARAJAH, HARIJAH	2.	2 NAME		•		
STREET ADDRESS	9749 SW 111 TERRACE	2.	3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	2.	4 CITY-S	T-ZiP			
TITLE		☐ DELETE 3.	1 TITLE			☐ Chang	e Addition
NAME		3.	2 NAME				J
STREET ADDRESS		3.	3 STREET	ADDRESS			}
CITY-ST-ZIP			4. C/TY-S	T-ZIP			
TITLE		☐ DELETE 4.	1 TITLE			☐ Chang	e Addition
NAME		4.	2 NAME				
STREET ADDRESS		4.	3 STREET	ADDRESS			Ì
CITY-ST-ZIP			4 CITY-ST	r-ZIP			e Addition
TITLE	,		1 TITLE			Chang	le C Addition
NAME	_		2 NAME	ADDRESS			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP_			4 CITY-ST 1 TITLE	1-ZIP		☐ Chang	e Addition
TITLE			2 NAME				Jo E Addition
NAME				ADOBESS			
STREET ADDRESS		16	o oinee!	ADORESS			

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, with all other like empowered.

SIGNATURE: