

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

FILED

Apr 09 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 # P94000053357 (7)

1. Corporation Name
SCL SERVICES, INC.



Principal Place of Business
13953 SW 66 ST
B-801
MIAMI FL 33183
US

Mailing Address
P O BOX 560578
MIAMI FL 33258-0578
US

3. Date incorporated or Qualified 07/19/1994
3a. Date of Last Report 02/02/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

4. FEI Number 65-0506250
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
LEHOR, SUSAN C.
13953 SW 66 STREET
B-801
MIAMI FL 33183

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 Susan C. Lehor SUSAN C LEHOR 4-1-97
DATE

12. OFFICERS AND DIRECTORS
TITLE P LEHOR, SUSAN C
NAME LEHOR, SUSAN C
STREET ADDRESS 247 MALAGA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 13953 SW. 66 ST. B-801
1.4 CITY-ST-ZIP MIAMI FL. 33183

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: Susan C. Lehor SUSAN C. LEHOR 4-1-97 305-232-7892
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)