FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056323 (6)**

1. Corporation Name
S.C.B. INTERNATIONAL, LTD., INC.

Principal Place of Business	Mailing Address
7567 SIERRA DR. EAST BOCA RATON FL 33433	7567 SIERRA DR. EAST BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o J. MAURER, ESQ. 1489 W. PALMETTO PK. RD.	26 c/o J. MAURER, ESQ. 1489 W. PALMETTO PK. RD.
Suite, Apt. #, etc. 22 SUITE 440	Suite, Apt. #, etc. 27 SUITE 440
City & State 23 BOCA RATON	City & State 28 BOCA RATON
Zip 24 FL / Country 25 33496	Zip 29 FL. / Country 30 33486

4. FEI Number: 77-0383485 — 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	10. Name and Address of New Registered Agent
MAURER, JANI E ESQ. 1489 W. PALMETTO PARK RD. SUITE 440 BOCA RATON FL 33486	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	PD	11 TITLE	☐ Change ☐ Addition
NAME	STILLMAN, ABBOTT	12 NAME	
STREET ADDRESS	670 WHITE PLAINS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY 10583	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BARCLAY, CHRISTOPHER J	22 NAME	
STREET ADDRESS	7567 SIERRA DR. EAST	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CLOSS, WILLIAM R	32 NAME	
STREET ADDRESS	4 MAIN ST., SUITE 201	33 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA 94022	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BARCLAY, DAI MIN	42 NAME	
STREET ADDRESS	7567 SIERRA DR. EAST	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William R. Closs William R. CLOSS 4/3/95 (415) 941-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261080 CP