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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031083

1. Corporation Name

SCION CAPITAL CORPORATION

Principal Place of Business

 5200 BLUE LAGOON DR
 STE. 890
 MIAMI FL 33126
 US

Mailing Address

 5200 BLUE LAGOON DR
 STE. 890
 MIAMI FL 33126
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

65-0681282

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Levinson, Melvin, MD**

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**

9. Name and Address of Current Registered Agent

~~MORANTE, THOMAS F.~~
~~777 BRICKELL AVENUE STE 600~~
~~SUNTRUST BLDG.~~
~~MIAMI FL~~

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

1.1 TITLE ☐ DELETE

NAME

LEVINSON, MELVIN E MD

STREET ADDRESS

5200 BLUE LOGOON DR., STE. 890

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MIAMI FL

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-99 3052638109

Date

Daytime Phone #

CR2E034 (1/198)