

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT -7 PM 1:16

DOCUMENT # P96000063136 (1)

1. Corporation Name
SCARLET ACQUISITION INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2255 GLADES ROAD, APT. 226
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES ROAD, APT. 226
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0682298	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
81	Name Spiegel Butera, PA D/O/A AmeriLawyer		82	Street Address (P.O. Box Number Is Not Acceptable) 343 Almeria Avenue	
83			84	City Miami	85 Zip Code FL 33134

11. Pursuant to the provisions of Sections 607.0507 and 607.0508 of 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. I am the registered agent of the corporation and I hereby accept the appointment as registered agent. I am the registered agent of the corporation and I hereby accept the appointment as registered agent.

SIGNATURE: *[Signature]* DATE: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	BAUTISTA, J.R.		1.2 NAME
STREET ADDRESS	2255 GLADES ROAD, APT. 226		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP
TITLE	V.D.	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	Vaccarezza, Carlo		2.2 NAME
STREET ADDRESS	2255 Glades Rd #226		2.3 STREET ADDRESS
CITY-ST-ZIP	Boca Raton, FL 33431		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

REINSTATEMENT

99
SL 10-7-97

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.

CR2E034 (4/97)