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~~PROFIT~~
CORPORATION
ANNUAL REPORT
1998

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

FILED
98 MAY -1 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063136**

1. Corporation Name

SCARLET ACQUISITION INC.

Principal Place of Business	Mailing Address
2255 Glades Road, Apt. 208 One Boca Place, Boca Raton, Florida 33431	2255 Glades Road, Apt. 208 One Boca Place, Boca Raton, Florida 33431

2. Principal Place of Business 21 One S. Ocean Blvd.	2a. Mailing Address 26 One S. Ocean Blvd.
Suite, Apt. #, etc. 22 Suite 208	Suite, Apt. #, etc. 27 Suite 208
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33432 / 25	Zip / Country 29 33432 / 30

3. Date Incorporated or Qualified 7/29/96	3a. Date of Last Report
4. FEI Number 65-0682298	☐ 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
Spiegel & Utrera, P.A., d/b/a AmeriLawyer 343 Almeria Avenue Coral Gables, Florida 33134	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 607.0501 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	J.R. Bautista	12 NAME	900002515459--3
STREET ADDRESS	2255 Glades Road, Apt. 226	13 STREET ADDRESS	-05/07/98--01076--007
CITY-ST-ZIP	Boca Raton, Florida 33431	14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Carlo Vaccarezza	22 NAME	
STREET ADDRESS	2255 Glades Road, Apt.226	23 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Florida 33431	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: J.R. Bautista 5/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #