

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

FILED  
Jun 24 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P96000067231  
1. Corporation Name  
SCP INTERNATIONAL, INC.

Principal Place of Business: 9208 SW 97 AVE MIAMI, FL 33176.  
Mailing Address: SAME AS PPB

|                                                                                                                                                           |                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business:<br>21 9208 SW 97 AVE<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 MIAMI, FL<br>Zip<br>24 33176<br>Country<br>25 USA | 2a. Mailing Address:<br>26 9208 SW 97 AVE<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 MIAMI, FL<br>Zip<br>29 33176<br>Country<br>30 USA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9 August 96

|                                                                                                                                                                         |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 4. FFI Number<br>65-0694161                                                                                                                                             | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | \$5.00 May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent  
SARAH CONNOR  
9208 SW 97 AVE  
MIAMI, FL 33176

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 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: S. Connor SARAH CONNOR - PRESIDENT. 6 June 1998.

12. OFFICERS AND DIRECTORS

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | VICE - PRESIDENT  | <input type="checkbox"/> DELETE |
| NAME            | JOSE OCTAVIO CANO |                                 |
| STREET ADDRESS  | 9208 SW 97 AVE    |                                 |
| CITY - ST - ZIP | MIAMI, FL 33176   |                                 |
| TITLE           | PRESIDENT         | <input type="checkbox"/> DELETE |
| NAME            | SARAH CONNOR      |                                 |
| STREET ADDRESS  | 9208 SW 97 AVE    |                                 |
| CITY - ST - ZIP | MIAMI, FL 33176   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or a combined annual report, 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes of officers and directors with an address.

SIGNATURE: S. Connor SARAH CONNOR 6 June 98 279-4095

3000002571958  
-06/25/98-01019-027  
\*\*\*150.00

PE  
6.24  
(305)

CR2E034 (10/97)

# SCP International, Inc.

9208 SW 97 Ave. Miami, Fl. 33176

Tel. (305) 279 4095

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8 June 1998

Dear Sirs;

Please find enclosed a check for the amount of \$150.00 for the annual Corporation Tax for SCP International, Inc. of Miami, Florida. We requested the accompanying form by telephone as an original was never received through the mail.

Please do not hesitate to contact me if you have any further questions regarding this matter,

I remain,

Yours sincerely,



SARAH CONNOR  
President