

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name **P96000084198**

SC ADVERTISING INC

Principal Place of Business
**FLORIDA
MIAMI**

Mailing Address **4002 UNIVERSITY DR
CORAL GABLES FL
33146**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 1825 PONCE DE LEON BLVD 27 PO BOX 402 28 CORAL GABLES, FL 29 33134 30 USA	3. Date Incorporated or Qualified OCTOBER 1996	3a. Date of Last Report MARCH 1997	4. FEI Number 65-0702042	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

**LUIS de Cárdenas
1825 Ponce de Leon Blvd
Suite 402
CORAL GABLES, FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME		12 NAME	PRESIDENT
STREET ADDRESS		13 STREET ADDRESS	LUIS de Cárdenas
CITY-ST-ZIP		14 CITY-ST-ZIP	7917 SW 104 ST #F-202
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	800002551638
STREET ADDRESS		33 STREET ADDRESS	-06/08/98--01107--035
CITY-ST-ZIP		34 CITY-ST-ZIP	***150.00
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	

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 owner 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 or as a change of an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 (305) 448-1880

CR2E034 (9/96)