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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000034609 (2)

SCRIBA-USA CORP.

Principal Place of Business Mailing Address							AIM BIDIE BAIR DO		
14924 S.W. 106TH ST 14924 S.W. 106TH ST									
		#34	4 6.41. 100111 61						
MIAMI FL 33196 MIAMI FL 33196					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
						04/17/1997			
2. Principal Place of Business 104 St 28. Mailing Address 29. Jug 24 SW 104 St 28. Jug 24 SW 4				04 S	٠,٠	4. FEI Number	Ap	plied For	
				-14 4	21 	65-075222A		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
27 # 34 27 # 34							Fee Re	······································	
City & State City & State  City & State  City & State  Right - FLORIOR  Right - FLORIOR			Lon	mi		6. Election Campaign Financing	\$5.00		
			Countr			Trust Fund Contribution	Added 1		
al 331		2 2 196 m	٦.	у		8. This corporation owes or has paid the c		- ·	
24 33 19 (25 HIVIV   29 33 19 (20)				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
				81 Name					
BRAVO, MARIA U				1.10.1.0					
14924 S.W. 106TH ST			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
#34 MANUEL 20400			83	1					
MIA	MI FL 33196		-						
			84	City		F	85 Zip (	Code	
dd Diversions a	the provisions of Coations 607.0503	and 607 1509. Florida Statutas	the shor	l named	1 00100			2 500 010500	
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 register 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 typic or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12,	OFFICERS AND		13.	In I signature	6 (840) 60	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTOR	IS IN 12	
TITLE	D	DELETE	1.1 TITLE		Τ	7.007.101.007.11.11.02.0 7.0 07.1 (02.1.01.1)	Change	Addition	
NAME	ALL MENTAL OF THE PARTY OF THE		1.2 NAME						
STREET ADDRESS	14924 S.W. 106 ST. #34			T ADDRESS					
CITY-ST-ZIP	MIAMI F; 33196			1.4 CITY-ST-ZIP					
TITLE	IND WHIT I , GO TOO	☐ DELETE	2.1 TITLE		<del> </del>		Change	Addition	
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CITY-ST-ZIP			2.4 CiTY-						
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CITY-ST-ZIP			3.4. CITY-						
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NAME			4.2 NAME				·= •		
STREET ADDRESS			i	1 Address					
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE	01-EII	<del> </del>	***************************************	Change	Addition	
NAME			5.2 NAME				— <b>•</b> ·		
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			1						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	01-LIF	<del> </del>		Change	Addition	
			6.2 NAME						
NAME STOCET ADDRESS									
STREET ADDRESS	i.		0.3 STREE	1 ADDRESS	1				

14. I 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.

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11/25/90

**FILED** 

May 04 1998 8:00am

Secretary of State

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