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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90027 021 ***150.00

1999 **DOCUMENT #**

P97000037393 1. Corporation Name

S	SCALDI CORPORATION					
Principal Place 155 SOU PENTHOU	JTH MIAMI AVE.	Mailing Address 155 SOUTH MIAMI A PENTHOUSE	AVE.	DO AIOT WRITE IN	TUIS SDACE	
MIAMI, FL 33130 MIAMI, FL 33130				DO NOT WRITE IN	THIS SPACE	
US	30-0-	US		3. Date incorporated or Qualifed 04/28/1997		
2. Principal P 21 155 SC	DUTH MIAMI AVE.	2a. Mailing Address 155 SOUTH MIA	MI AVE.	4. FEI Number 65-0750082	Not a	ied For Applicable
Suite, Apt. SUITE		Suite, Apt. #, etc. SUITE 1100		5. Certifcate of Status Desired	\$8.75 Ad Fee Req	
City & State	(e ,, <= ==, =, = -	City & State		6. Election Campaign Financing	ິ້\$5.00 ⋈	lay Be
23 MIAMI	, FL	28 MIAMI, FL		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		_
24 33130	25 US	29 33130 30	us	Personal Property Tax.		No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Regist	ered Agent	
			81 Name	BRIAN S. HELLER, ESQ.		l
	, BRIAN S.		82 Street A	Address (P.O. Box Number is Not Acceptable)		
155 SOUTH MIAMI AVENUE				55 SOUTH MIAMI AVENUE		
PENTHO	USE		83	SUITE 1100		}
	FL 33130		84 City	ITAMI	FL 85 331	- 1
office or r	registered agent, or both, in the State G	of Florida. Such change was auth	iorizea by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its re appointment as regi	egistered stered
l agent.la	om familiar with and accent the obligat					
			. Heller,	<u></u>	199	
SIGNATURE	Signature typed or printed name of registered agent	Brian S (NOTE: Re	Heller, I	quired when reinstating) DA	TE	PS IN 12
SIGNATURE	Signature system symbol name of registered agent	t and titl Capplicable. NOTE: Ro	Heller, I gistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECTOR	RS IN 12
SIGNATURE 12.	Signatura visit or printed name of registered agent OFFICERS ANI	Brian S t and title appreciable. (NOTE: Re D DIRECTORS	gistered Agent signature re 13.	quired when reinstating) ADDITIONS/CHANGES TO OFFICEF DPS	TE	
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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 attacyment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Robert A. Schimek II OFFICER OR DIRECTOR

President

(305) 374-6288