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Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90027 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P97000037393

1. Corporation Name

**SCALDI CORPORATION**

Principal Place of Business <b>155 SOUTH MIAMI AVE. PENTHOUSE MIAMI, FL 33130 US</b>	Mailing Address <b>155 SOUTH MIAMI AVE. PENTHOUSE MIAMI, FL 33130 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/28/1997**

2. Principal Place of Business 21 <b>155 SOUTH MIAMI AVE.</b>	2a. Mailing Address 26 <b>155 SOUTH MIAMI AVE.</b>	4. FEI Number <b>65-0750082</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b>SUITE 1100</b>	Suite, Apt. #, etc. 27 <b>SUITE 1100</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23 <b>MIAMI, FL</b>	City & State 28 <b>MIAMI, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip Country 24 <b>33130</b> 25 <b>US</b>	Zip Country 29 <b>33130</b> 30 <b>US</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HELLER, BRIAN S.  
155 SOUTH MIAMI AVENUE  
PENTHOUSE  
MIAMI, FL 33130**

10. Name and Address of New Registered Agent

81 Name **BRIAN S. HELLER, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**155 SOUTH MIAMI AVENUE**

83 **SUITE 1100**

84 City **MIAMI** 85 Zip Code **FL 33130**

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  **Brian S. Heller, Esq.** DATE **3/10/99**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>PD</b>
NAME	<b>SCHIMEK II, ROBERT A.</b>
STREET ADDRESS	<b>155 SOUTH MIAMI AVE., PENTHOUSE</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SCHIMEK II, ROBERT A.</b>
1.3 STREET ADDRESS	<b>155 SOUTH MIAMI AVE., SUITE 1100</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
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)(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, with all other like empowered.

SIGNATURE  **Robert A. Schimek II** DATE **3-10-99** DAYTIME PHONE # **(305) 374-6288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (11/98)