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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

**FILED** Jun 01 1998 8:00am Secretary of State

1 Components	SCOPE, INC.	00070650 (1)		
Principal Place of Business		Mailing Address		r seerider við tekki lædir denn ennir entir entil sedir kelið birki áfili éfili (fil)
167 N.E. 39TH STREET		167 N.E. 39TH STREET		
MIAMI FL 33137		MIAMI FL 33137		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/14/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0776436 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	<b>[28]</b>	Country	Trust Fund Contribution
24	25		30	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
AVEILAN, LILIANA V ESQ.				
= 306 ALCAZAR AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
-SUITE-802				dress (P.O. Box Number is Not Acceptable)
CORAL-GABLES FL 33134			83	
			84 City	85 Zip Code
			1 111	NM/ <b>FL</b>   37/24
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Ligida, Such change was authorized by the corporation's heard of directors. Thereby accept the appointment as registered.				
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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE *	Signature, typograf printed paster of registered			uired when reinstaling) DATE
12.		AND DIRECTORS	Registered Agent signature requ.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ō	DELETE	1.1 TITLE	Change Addition
NAME	VIDAL, ERIC		1.2 NAME	- · ·
STREET ADORESS	167 N.E. 39TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP	
TOTLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. C(TY-ST-Z(P	☐ Change ☐ Addition
TITLE		TT nere ie	4.1 TITLE	Li triange Li Addition
NAME Street Address			4. 2 NAME	
l			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title	☐ Change ☐ Addilion
NAME			5.2 NAME	Li Viungo Li Rudilloli
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>-</del>		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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.

1 1/20