

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

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90060 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000068687

1. Corporation Name
SCORPIO MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ROTH & ROUSSO. P.A. 9350 SOUTH DIXIE HWY PH2 MIAMI FL 33156	Mailing Address C/O ROTH & ROUSSO. P.A. 9350 SOUTH DIXIE HWY PH2 MIAMI FL 33156
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3. Date Incorporated or Qualified
08/06/1998

2. Principal Place of Business 21 429 ROVINO AVE	2a. Mailing Address 26 429 ROVINO AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CORAL GABLES FL	28 City & State CORAL GABLES FL
24 Zip 33156 25 Country USA	29 Zip 33156 30 Country USA

4. FEI Number
65-0855486 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATSMAN, MARK ESQ
9350 SOUTH DIXIE HWY PH2
MIAMI FL 33156

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Mark Katzman*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPVT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISSAKOVITCH, LIUDMILA		1.2 NAME	
STREET ADDRESS 429 ROVINO AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33156		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISSAKOVITCH, LIUDMILA		2.2 NAME	
STREET ADDRESS 429 ROVINO AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33156		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/99** Daytime Phone # **(305) 670-9994**

CR2E034 (1/98)