

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64856** (5)

1. Corporation Name

SCALIA GRAPHICS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

**520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

3. Date Incorporated or Qualified
07/09/1991

3a. Date of Last Report
05/16/1995

2. Principal Place of Business
21 **501 Brickell Key Drive** 2a. Mailing Address
26 **501 Brickell Key Drive**

4. FEI Number
65-0274510 Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Suite 400** 27 **Suite 400**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 **Miami, Florida** 28 **Miami, Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country
24 **33131** 25 **U.S.A.** 29 **33131** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

81 Name
SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 **Suite 400**

84 **Miami,**

FL 85 Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DP			<input type="checkbox"/>
	CAPOANO, ANTHONINHO	520 BRICKELL KEY DR	MIAMI FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	DP			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CAPOANO, ANTHONINHO	501 Brickell Key Drive, Suite 400	Miami, Florida 33131		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antônio Capano 374-0030

CR2E034 (12/95)