

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S82846 (4)

1. Corporation Name
SCALA USA, INC.

Principal Place of Business 927 WHOOPING LOOP SUITE 1825 ALTAMONTE SPGS. FL 32701 US	Mailing Address 427 WHOOPING LOOP SUITE 1825 ALTAMONTE SPGS. FL 32701 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1991	3a. Date of Last Report 06/30/1994
4. FEI Number 59-3088050	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**THOMAS, AMY P.
400 GOLF BROOK CIR.
APT. 200
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

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

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 required for principal officer or director, and for a registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, LAWRENCE D.	1.2 NAME	
STREET ADDRESS	400 GOLF BROOK CIR., STE. 200	1.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, AMY P.	2.2 NAME	
STREET ADDRESS	400 GOLF BROOK CIR., STE. 200	2.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALCONCHEL, RAIMUNDO	3.2 NAME	
STREET ADDRESS	RAFAEL VILLA NO. 57 EL PLANTIO	3.3 STREET ADDRESS	
CITY, ST, ZIP	28023 MADRID SP	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(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 receiver or liquidator empowered to prepare 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.

SIGNATURE: Amy P. Thomas 5/27/95 407-331-7493
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Signature #