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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90144 036 ***150.00

DOCUMENT # **V36380**

1. Corporation Name

SCOLO CORPORATION

Principal Plac	e of Business	Mailing Address		J 19011 BIJDON JUNE STICO CHAR JOHN RAIL AN	itt Didit dibit Ribit dislit statt innt
23701 SW 170TH AVE.		P.O. BOX 970505			
MIAMI FL 33031		MIAMI FL 33197		DO NOT MIDITE IN THIS SPACE	
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	}
				05/15/1992	Applied For
_2. Principal P	Place of Business	2a. Mailing Address	1597	4. FEI Number	Not Applicable
21			(3)1	65-0337300	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State		6 Floating Compaign Financing	\$5.00 May Be
City & Stat	ie .	City & State Sprin	s. Th	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23		28 11 14	Country	This corporation owes the current year	
Zip	Country	- Losson	1 6 6	Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Curre		1 1 1 1 1 1 1 1	10. Name and Address of New Register	ed Agent
	5. Name and Address of Curr	ent Neglatered Agent	81 Name		
MAR	TINELLI, FRAN		Lu	an Martinelli	
23701 SW 170 AE				dress (P.O. Box Number is Not Acceptable)	(
MIAMI FL 33031			84 2	20 /0.W- 5.11. 43	
ivit/ti	WI 1 E 3303 I		99		
			84 City	San	L 85 Zip Code 72643
			1 1119		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submitistries 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 a	m familiar with and accept the obli-	gations of, Section 607/0505, Florida	Statutes	11 /2/20	
SIGNATURE	Janary.	Marshelle M	an Martine	(1, 1/26/99)	<u> </u>
	Signature, typed or printed name of registered a	<u></u>	gistered Agent signature requirements	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	, — — — — — — — — — ·	AND DIRECTORS		PST 11 " II	☐ Change ☐ Addition
TITLE	PST COAN		1.2 NAME	اله. ۱۱ م ۱۱ م	
NAME	MARTINELLI, FRAN	i		man Marshelli SR 45	(
STREET ADDRESS	1	;		8470 N.M. 216 92	2743
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 City-St-ZiP 2.1 TITLE	~ 15 3 1 ··· 7 · / · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE	D	Decere	ļ		
NAME	MARTINELLI, FRAN		2.2 NAME	Fran Marting 11 s.R. 45	1
STREET ADDRESS	<i>{</i>		2.3 STREET ADDRESS	842P / Same th	32547"
CITY-ST-ZIP	MIAMI FL	□ posett	2.4 CITY-ST-ZIP	Mar spings, Fire	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	,	
NAME	<u> </u>	•	3.2 NAME		ł
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		[_] Gildingo [] induitori
NAME	}	:	4.2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change [7 Addition]
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Í
STREET ADDRESS	1		5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channa Addition
TITLE :	}	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition ☐
NAME		•	6.2 NAME		}
STREET ADDRESS	·	1	6.3 STREET ADDRESS		{
OID (OT TIP	1		6.4 CITY-ST-ZIP		j

SIGNATURE:

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

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904-454-2718