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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90007 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000034563**

1. Corporation Name  
**MARIO MELO, INC.**



Principal Place of Business Mailing Address  
 475 WEST 42 ST. 475 WEST 42 ST.  
 HIALEAH FL 33012 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/15/1998**

2. Principal Place of Business 2a. Mailing Address  
 21 **4315 NW 7 ST** 26 **PO Box 441992**

4. FEI Number Applied For  
**65-0842149** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **SUITE 19** 27

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

City & State City & State  
 23 **Miami FL** 28 **Miami FL**

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

Zip Country Zip Country  
 24 **33126** 25 **Miami Dade** 29 **33144** 30 **Miami Dade**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MELO, MARIO**  
 475 WEST 42 ST.  
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12264 SW 18 TR**  
 83  
 84 City **Miami** FL 85 Zip Code **33175**

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 **MARIO MELO PRESIDENT**  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]* **4/2/99**  
 (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MELO, MARIO</b>	
STREET ADDRESS	<b>475 WEST 42 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MELO MIGUEL</b>	
STREET ADDRESS	<b>12945 SW 76 TR</b>	
CITY-ST-ZIP	<b>Miami FL 33183</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>P O BOX 441992</b>
1.4 CITY-ST-ZIP	<b>Miami FL 33144</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>MELO MIGUEL</b>
2.4 CITY-ST-ZIP	<b>12945 SW 76 TR</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **4/2/99** (305) 992-0046  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)