

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham *RECEIVED*  
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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

95 MAR 14 AM 8:31

DOCUMENT # **S20558** (0)  
1. Corporation Name  
**MELFOR, INC.**

Principal Place of Business      Mailing Address  
**316 ROYAL POINCIANA PLAZA**      **316 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**              **PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1990</b>	3a. Date of Last Report <b>03/22/1994</b>
21		26		4. FEI Number <b>65-0234539</b>	Applied For (Not Applicable)
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CARSON, DONALD W.</b> <b>316 ROYAL POINCIANA PLAZA</b> <b>PALM BEACH FL 33480</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be printed name of registered agent and the applicable DATE. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, DANIEL D., ESQ.</b>	1.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLZ</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARSON, DONALD W.</b>	2.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZ</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>DVT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, OSCAR R.</b>	3.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZ</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>DVS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDIVIA, JOSE F., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLAZ</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(h), Florida Statutes. I further certify that the information indicated on this 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 in respect of an appointment with an address **Jose P. Valdivia, Jr., Esq.**

SIGNATURE: *Jose P. Valdivia, Jr.* **Vice President/Secretary** **3-7-95** **407-655-6303**  
Signature and Printed Name of Signing Officer or Director Date (Month/Year)