

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

**APPROVED  
AND  
FILED**

**96 APR -8 AM 8:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PERIODIC PAYMENT  
04/08/96 - 01041-001  
\*\*\*1496.25 \*\*\*\*200.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**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**

**2. Principal Place of Business 2a. Mailing Address**  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

**3. Date Incorporated or Qualified 3a. Date of Last Report  
12/21/1990 3/14/1995**  
**4. FE Number Applied For  
65-0234539 Not Applicable**  
**5. Certificate of Status Desired \$8.75 Additional  
Fee Required**  
**6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees**  
**8. This corporation has liability for intangible tax under s. 190.032,  
Florida Statutes. Yes No**

**9. Name and Address of Current Registered Agent**  
**CARSON, DONALD W.  
316 Royal Poinciana Plaza  
Palm Beach, FL 33480**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **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** \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>AS</b>	NAME <b>Ross, Daniel D., Esq.</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>316 Royal Poinciana Plaza</b>	CITY, ST, ZIP <b>Palm Beach, FL 33480</b>	12 NAME	
TITLE <b>DP</b>	NAME <b>Carson, Donald W.</b>	13 STREET ADDRESS	
STREET ADDRESS <b>316 Royal Poinciana Plaza</b>	CITY, ST, ZIP <b>Palm Beach, FL 33480</b>	14 CITY, ST, ZIP	
TITLE <b>DVT</b>	NAME <b>Hernandez, Oscar R.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>316 Royal Poinciana Plaza</b>	CITY, ST, ZIP <b>Palm Beach, FL 33480</b>	22 NAME	
TITLE <b>DVS</b>	NAME <b>Valdivia, Jose F., Jr.</b>	23 STREET ADDRESS	
STREET ADDRESS <b>316 Royal Poinciana Plaza</b>	CITY, ST, ZIP <b>Palm Beach, FL 33480</b>	24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	64 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 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 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 by an attachment with an address.**

**SIGNATURE:** *Jose F. Valdivia, Jr.* **3-8-96** **407-655-6303**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jose F. Valdivia, Jr., Vice President & Secretary**

CR2E034 (12/95)