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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V13662** (4)

1. Corporation Name
MELIANA INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
15265 SW 45 TERR 15265 SW 45 TERR
C C
MIAMI FL 33185 MIAMI FL 33185

3. Date Incorporated or Qualified **02/10/1992** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address
21 **15346 SW 42 LANE** 26 **15346 SW 42 LANE**

4. FEI Number **65-0326679** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**

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

Zip Country Zip Country
24 **33185** 25 **U.S.A.** 29 **33185** 30 **U.S.A.**

8. This corporation has liability for intangible tax under § 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LINARES, ROBERTO M
15265 SW 45 TERR
UNIT C
MIAMI FL 33185**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15346 SW 42 LANE
83
84 City **MIAMI** FL 85 Zip Code **33185**

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 _____
Corporation (Typed or Printed Name of Registered Agent and Date of Appointment) (Typed or Printed Name of Registered Agent and Date of Appointment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINARES, ROBERTO M	1.2 NAME	
STREET ADDRESS	15265 SW 45 TERR UNIT C	1.3 STREET ADDRESS	15346 SW 42 LANE
CITY, ST, ZIP	MIAMI FL 33185	1.4 CITY, ST, ZIP	MIAMI, FLORIDA 33185
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINARES, CECILIA B	2.2 NAME	
STREET ADDRESS	15265 SW 45 TERR UNIT C	2.3 STREET ADDRESS	15346 SW 42 LANE
CITY, ST, ZIP	MIAMI FL 33185	2.4 CITY, ST, ZIP	MIAMI, FLORIDA 33185
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 equally for the exemption stated in Sections 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 trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR