

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002969

**Entity Name:** MELA ARTISANS, INC.**Current Principal Place of Business:**140 NW 16TH STREET  
BOCA RATON, FL 33432**Current Mailing Address:**140 NW 16TH STREET  
BOCA RATON, FL 33432 US**FEI Number:** 46-3707871**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEHTA, NAVROZE  
140 NW 16TH STREET  
BOCA RATON, FL 33432 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CHRM
Name	MEHTA, NAVROZE
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

Title	PD
Name	MEHTA-RAO, SONALI
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	HICKLER, HANS
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	ECHAVARRIA, DANIEL
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

Title	CEO
Name	MEHTA, NAVROZE
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

  

Title	S
Name	SKIGEN, GLORIA M
Address	ONE STAMFORD PLAZA 263 TRESSER BOULEVARD SUITE 1400
City-State-Zip:	STAMFORD CT 06901-3271

  

Title	D
Name	GIBERTI, MARCO
Address	140 NW 16TH STREET
City-State-Zip:	BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NAVROZE MEHTA**CONTROLLER****03/01/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date