

**2015 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****CHAIRMAN****03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date