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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 339629

MELLIDE INC

WICLUDI IING	•	
Principal Place of Business	Mailing Address	
584 N.W. 27TH ST. MIAMI FL 33127-4128	584 N.W. 27TH ST. MIAMI FL 33127-4128	
		3. Dat
Principal Place of Business 1	2a. Mailing Address 26	4. FEI
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 . Cer
City & State	City & State	6. Ele

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90061 018 ***150.00

Principal Place	e of Rusiness	Mailing Address				-\	AI BIBAI DIDAI DIDII	Billi Hill IIII
•		584 N.W. 27TH ST.	•					
584 N.W. 27TH MIAMI FL 3312		MIAMI FL 33127-4128						
						DO NOT WRITE IN TH	IIS SPACE	-:
	· ·					3. Date Incorporated or Qualifed		
	10	A- Mailing Addrson				12/31/1968 4. FEI Number		pplied For
	lace of Business	2a. Mailing Address				**		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-1226043		Additional
22	<i>H</i> , 000.	27				5. Certifcate of Status Desired		equired
City & State	ie .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	☐ Yes	≥ No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registers	ed Agent	
MO	LIB II AND AL OCOTO		ļ	81 Na	me		**	
	HULAN, ALBERTO W 51 STREET		Ī	82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	MI BCH FL 33127		į.	83			*** *** *** *** ***	,
MIMI	WI BCH FL 33121			03				第:国家
		•		B4 Ci	у	F	85 Zip	Code
44 5	5 S-41 607 0E	00 and 607 1509. Florida Statut	on the ab	OVO DO	nod corn	oration submits this statement for the purpose		s registered
office or r	registered agent or both in the State	of Florida' Such change was a	uthonzed	by the (corporatio	n's board of directors. I hereby accept the app	pointment as re	egistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statui	tes.		•		• .
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	· Registered A	pent sion	ture required	1 when reinstating) DATE	···	 .
12.	Signature, typed or printed marile or registered agr							
	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE						3,	AND DIRECTO	ORS IN 12
	PD	ND DIRECTORS	13.	.E		3,		
TITLE	PD MECHULAN,ALBERTO	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	.E	RESS	3,		
TITLE NAME	PD MECHULAN,ALBERTO 600 W. 51ST STREET	ND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STE	.E AE	RESS	3,		
TITLE NAME STREET ADDRESS	PD MECHULAN,ALBERTO	ND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STE	.E ME REET ADDI Y-ST-ZIP	RESS	3,		☐ Addition
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address with all other like empowered.

SIGNATURE: