

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **463221** (2)

1. Corporation Name
MELANDRA, INC.



Principal Place of Business: **1238 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146**
Mailing Address: **1238 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **10/15/1974**
3a. Date of Last Report: **03/16/1995**
4. FLE Number: **59-1563649**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, PAUL
9271 S.W. 85 STREET
MIAMI FL 33173**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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 agree to the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Paul Jacobs

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **P** DELETE
NAME: **JACOBS, PAUL**
STREET ADDRESS: **9271 S.W. 85 ST.**
CITY-STATE-ZIP: **MIAMI FL**
2. TITLE: **ST** DELETE
NAME: **JACOBS, MYRA**
STREET ADDRESS: **9271 S.W. 85 ST.**
CITY-STATE-ZIP: **MIAMI FL**
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP: Change Addition
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP: Change Addition

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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change or on an attachment with an affidavit.

SIGNATURE: *Paul Jacobs - Pres.* *4/26/96* *661-4920*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)