FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-05/11/95 -01001 -012
****200.00 ****200.00

DOCUMENT # 497555 ( )

1. Corporation Name

Melcusco 1454 Beacon Woods Dr., Fla., Inc. (2185)

Principal Place of Business	Mailing Address
12412 US19 Hudson FL 33567	933 MACARTHUR BLVD. MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1976
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 22-2106920 ☐ Applied For ☐ Not Applicable

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOHN	12 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	14 CITY-ST-ZIP	
TITLE	STV	21 TITLE	☐ Change ☐ Addition
NAME	FALKOFF, MARTIN	22 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	24 CITY-ST-ZIP	
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	WEINFUSS, STEWART	32 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	KAKAR, MANOHAR	42 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PALIZZI, ANTHONY	52 NAME	
STREET ADDRESS	3100 W. BIG BEAVER	53 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	BAR 5-1

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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. [illegible] MANAGING MEMBER APR 26 1995 (201) 934-2600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR