


FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752189

1. Corporation Name

MELI CONDOMINIUM, INC.

Principal Place of Business

1838 NW 20TH ST.
MIAMI FL 33142

Mailing Address

1838 NW 20TH ST.
MIAMI FL 33142

* 6 080996 - 90011 - 24 6 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/24/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0318697	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

MITRANI, MOISES**1740 BAY DRIVE****MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1848 NW 20th St

83

84 City

Miami, FL

85 Zip Code

33142

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	MOISES MITRANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITRANI, MOISES	1.2 NAME	1848 NW 20th St
STREET ADDRESS	1740 BAY DR	1.3 STREET ADDRESS	MIAMI FLA 33142
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITRANI, SALOMON	2.2 NAME	
STREET ADDRESS	7505 ESPANOLA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33141	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATESIANO, BOLANDO	3.2 NAME	Carolina Zamora
STREET ADDRESS	1830 NW 20 STREET	3.3 STREET ADDRESS	1830 NW 20th St
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

Date

Daytime Phone #

CR2E037 (1/98)