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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:20

DOCUMENT # F93000002969 (4)

1. Corporation Name
MELIM LTD., INCORPORATED

Principal Place of Business	Mailing Address
15001 CHALK HILL ROAD HEALDSBURG CA 95448	15001 CHALK HILL ROAD HEALDSBURG CA 95448

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1993	3a. Date of Last Report: 03/02/1994
4. FEI Number: 94-2758065	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	

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

9. Name and Address of Current Registered Agent

GILBAT, WALTER F JR.
4431 S.E. 10 PL.
CAPE CORAL FL 33904-5390

10. Name and Address of New Registered Agent

81 Name: KOHL INTERNATIONAL
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3801 SW 47th AVENUE
84 City: DAVIE FL 85 Zip Code: 33314

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MELIM, T. CLIFFORD JR.	1.2 NAME	
STREET ADDRESS	15001 CHALK HILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEALDSBURG CA 95448	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MIDWOOD, LAURA MELIM	2.2 NAME	
STREET ADDRESS	64 MEADOW ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JACK	3.2 NAME	
STREET ADDRESS	2807 CENTURY SQ.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	JUDD, DONALD	4.2 NAME	
STREET ADDRESS	2435 PROFESSIONAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MELIM, T C JR	5.2 NAME	
STREET ADDRESS	15001 CHALK HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEALDSBURG CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MIDWOOD, LAURA M	6.2 NAME	
STREET ADDRESS	64 MEADOW STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	6.4 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-23-95 (702) 433-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482043 FP