

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002787

1. Corporation Name
MELIAN & CO. INC.

Principal Place of Business
**3382-A JIM LEE RD.
TALLAHASSEE FL 32301**

Mailing Address
**MELIAN & CO. INC.
P.O. BOX 15289
TALLAHASSEE FL 32317-5289
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

59-3373812

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, MARIA L
2900 ROYAL PALM WAY
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

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

1530-B Pullen Rd.

83

FL

84 City

Tallahassee

FL

85 Zip Code

32303

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	1.2 NAME	
STREET ADDRESS	GARCIA, FIDEL JR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	3382-A JIM LEE RD. TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	2.2 NAME	
STREET ADDRESS	HERRERO, JOAQUIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	3382-A JIM LEE RD. TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	3.2 NAME	
STREET ADDRESS	GARCIA, MARIA L	3.3 STREET ADDRESS	1530-B Pullen Rd.
CITY-ST-ZIP	2900 ROYAL PALM WAY TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	4.2 NAME	
STREET ADDRESS	RODRIGUEZ, PASCUAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	3382-A JIM LEE RD. TALLAHASSEE FL 32301	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 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:

Maria L Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-99

Daytime Phone #

850/216-2610

CR2E034 (11/98)