

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 06 1997 8:00am  
Secretary of State

DOCUMENT # H16225

(5)

1. Corporation Name

MELENDEZ-LOPEZ INVESTMENTS, INC.



Principal Place of Business

201 CRANDON BLVD #1100  
PO BOX 441553  
MIAMI FL 33144-1553  
US

Mailing Address

201 CRANDON BLVD #1100  
PO BOX 441553  
MIAMI FL 33144-1553  
US

3. Date Incorporated or Qualified

08/08/1984

3a. Date of Last Report

02/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2655192

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

HERRERA, ISAAC  
9801 S.W. 5TH STREET  
MIAMI FL 33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PD                     | <input type="checkbox"/> DELETE |
| NAME            | MELENDEZ, GABRIEL      |                                 |
| STREET ADDRESS  | 201 CRANDON BLVD #1100 |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | SD                     | <input type="checkbox"/> DELETE |
| NAME            | DE MELENDEZ, LUZ MARIA |                                 |
| STREET ADDRESS  | 201 CRANDON BLVD #1100 |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | STD                    | <input type="checkbox"/> DELETE |
| NAME            | DE LOPEZ, ELISA        |                                 |
| STREET ADDRESS  | 201 CRANDON BLVD #1100 |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | VP                     | <input type="checkbox"/> DELETE |
| NAME            | LOPEZ, LUIS ENRIQUE    |                                 |
| STREET ADDRESS  | 201 CRANDON BLVD #1100 |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GABRIEL MELENDEZ

JANUARY 31st., 1997

CR2E034 (9/96)