

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED

97 NOV 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended 1997 Amended
DOCUMENT # H56678

1. Corporation Name

MIERA MELBA DESIGN, INC.

Principal Place of Business: 900 East Atlantic Ave, Delray Beach, Florida 33483
Mailing Address: 900 East Atlantic Ave, Delray Beach, Florida 33483

21. Principal Place of Business: SAME
22. City & State: SAME
23. Zip: SAME
24. Country: SAME
25. City & State: SAME
26. Mailing Address: SAME
27. City & State: SAME
28. Zip: SAME
29. Country: SAME
30. City & State: SAME

3. Date Incorporated or Qualified: 05-13-1985
3a. Date of Last Report: 97 ANNUAL RPT.
4. FEI Number: 59-2550975
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: Miera C. Melba, 900 East Atlantic Avenue, Delray Beach, Florida 33483

10. Name and Address of New Registered Agent: (Blank)

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: Miera C. Melba (typed) / Miera C. Melba (handwritten) DATE: 10-28-97

12. OFFICERS AND DIRECTORS

TITLE	President / Director	<input type="checkbox"/> DELETE
NAME	Miera C. Melba	
STREET ADDRESS	1018 DEL HARBOY DR #1	
CITY- ST- ZIP	Delray Beach, Florida 33483	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Thomas W. Melba	
STREET ADDRESS	1017 N. VISTA DEL MAR	
CITY- ST- ZIP	Delray Beach, Florida 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	700002352117-5	
13 STREET ADDRESS	-11/13/97--01087--012	
14 CITY- ST- ZIP	****70.00 ****70.00	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: x Miera C. Melba (handwritten) DATE: 10-28-97