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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # J32869

32869

MEL USA, INC.

(6)

FILED May 19 1997 8:00am Secretary of State

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Principal Plac	e of Business		Mailing	Address			i chaice aims sitte tinds saide asite		IVII DANII DIBU	
1124 MIDWAY BOULEVARD MISSISSANOA L5T 2C1 ON L5T 2-1 US			STE 602	way boulevar Nuga on LST 2	D					
			US				 Date Incorporated or Qualification 09/05/1986 		ate of Last 30/1996	Report
2. Principal F	lace of Business		2a. Mail	ing Address			4. FEI Number	***************************************	A	pplied For
21			26				59-2752940		N N	lot Applicable
Suite, Apt	#, etc.		Suite 27	e, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	le		City	& State			6. Election Campaign Financin	9	\$5.00	May Be
23			28				Trust Fund Contribution			to Fees
Ζιρ		Country	Zip		Count	ry	8. This corporation has liability	for intangible	tax under	s. 199.032,
24	25		29		30		Florida Statutes] No	
	9, Name and	Address of Curre	nt Registered	l Agent			10. Name and Address of New	Registered	Agent	
SNY	der, D. Jay				6	1 Name				
100	2ND AVE S.				8	2 Street Art	Idress (P.O. Box Number is Not Acce	ntable)		
NOR	TH TOWER, SL	ITE 400				Cuocirio	is root (1.5. pox riamissi is riot riot)	Diabio,		
ST P	PETERSBURG F	L 33701			8	3				
					8	4 City		FL	85 Zip	Code
		·		66 Et 11 6.		L.,	propration submits this statement for the		f changing	its registered
11. Pursuant	to the provisions	of Sections 607.050	02 and 607.15	08, Florida Statu	ites, the abo	Ap-Hannon or				s registered -
11. Pursuant office or agent. La	to the provisions registered agent, am familiar with, a	of Sections 607.050 or both, in the State nd accept the oblig	02 and 607.15 e of Florida. Su pations of, Sec	uch change was ition 607.0505, F	utes, the abo authorized to Torida Statut	by the corpores	ration's board of directors. I hereby a	cept the app	ointment a	
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11. Pursuant office or i agent. La SIGNATURE		of Sections 607.050 or both, in the State nd accept the oblig					ration's board of directors. I hereby an quired when reinstating)	DATE	oointment a	
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SIGNATURE		nted name of registered ag	ent and little if appl	cable. (NC	TE: Registered A	gent signature rec	quired when reinstating)	DATE		
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I. 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 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 15 of changed, or on an attachment with an address.

SIGNATURE:

MAME O SIGNING OFFICER OR DIRECTOR

April 1/97 (903) 670-8402

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