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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M05017**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90024 009 \*\*\*150.00

r. Corporation							
60-40, IN	NC.				1 2001001 121 00101 0111 00101 2201 1001 010	le Oloss Reces dine	(† <b>818</b> 1) <b>418</b> () ( <b>82</b> )
Principal Plac	e of Business	Mailing Address			T I I BAILADIT SIN MAION ANILL GOLLAN HOUSE NOOL RED	(I <b>Die</b> il Bibli <b>Die</b> i	ii 01011 Dibli 1001
C/O ANTHONY C. MELOGRANO C/O ANTHONY C. MELOGRANO							
694 N.W. 103RD ST 6575 NW 46 ST LAUDERHILL FL 33319 US					DO NOT WIGHTS IN TH	IIC CDACE	
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		03			09/11/1984		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
		<b>⊢</b>	;				Not Applicable
1         26           Suite, Apt. #, etc.         Suite, Apt. #, etc.						\$8.75 Addition	
22		27			5. Certificate of Status Desired	Fee F	Required
City & State City & State					6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.  10. Name and Address of New Registers	☐ Yes	)A(140
	9. Name and Address of Currer	it Kegistered Agent	81	Name	10. Name and Address of New Kegisters	ia Agoin	
MELOGRANO, ANTHONY C.							
694 N.W. 103RD ST			82	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131			83				
			84				
				City	F	L  85   Zip	p Code
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered Age	ent signature red	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE			☐ Chang	
NAME	MELOGRANO, ANTHONY C.		1.2 NAME				
STREET ADDRESS	6575 N.W. 46TH ST.		1.3 STREE	TADDRESS			
CITY-\$7-ZIP	LAUDERHILL FL			ST-ZIP		rterto	. D A delision
TITLE	D				Melograno, Richard 17109 3-W. 78th Co	Change	e Addition
NAME	MELOGRANO, RICHARD A.		2.2 NAME		17100 9 W 78th	<del></del>	
STREET ADDRESS		1		TADDRESS	Miam) F1 33157	-U ]	
CITY-ST-ZIP	MIAMI FL	DELETE -	2.4 CITY-	ST-ZIP	1411an1111 - 20111	☐ Change	e Addition
TITLE -		El persie	3.1 NAME				_
NAME STREET ADDRESS				ET ADDRESS			*
CITY-ST-ZIP	` <u></u>		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Chang	ge Additio
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CiTY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE .		☐ DELETE	5.1 TITLE			Chang	ge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS	<b>i</b>			ET ADDRESS			•
CITY-ST-ZIP		☐ DELETE	5.4 CITY-5 6.1 TITLE	31-ZIP		☐ Chang	ge Addition
TITLE			6.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS	il		3.5 G. I NEC				

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.

6.4 CITY-ST-ZIP

**SIGNATURE:**