

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M55020 (5)  
1. Corporation Name  
MELI INVESTMENT, CORP.



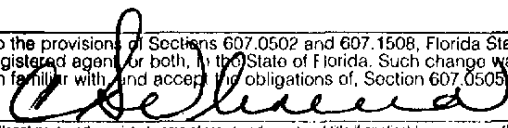
Principal Place of Business 2701 LE JEUNE RD., STE. 350 CORAL GABLES FL 33134	Mailing Address 2701 LE JEUNE RD., STE. 350 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2701 Le Jeune Rd Suite, Apt. #, etc. 345 City & State Coral Gables, FL Zip 33134 Country USA		2a. Mailing Address 26 2701 Le Jeune Rd Suite, Apt. #, etc. 345 City & State Coral Gables, FL Zip 33134 Country USA		3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2820726	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE OLIVEIRA, CRISTINA 2701 LE JEUNE RD., STE. 350 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name De Oliveira Cristina 82 Street Address (P.O. Box Number is Not Acceptable) 2701 Le Jeune Rd # 345 83 84 City Coral Gables FL 85 Zip Code 33134	
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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 for 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  7/17/97  
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 DP	<input type="checkbox"/> DELETE	1.1 TITLE Mesa, Raudel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESA, RAUDEL		1.2 NAME	
STREET ADDRESS 2701 LE JEUNE RD STE 350		1.3 STREET ADDRESS 2701 Le Jeune Rd # 345	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MESA, RENALDO		2.2 NAME	
STREET ADDRESS 2701 LE JEUNE RD STE 350		2.3 STREET ADDRESS 2701 Le Jeune Rd # 345	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE OLIVEIRA, CRISTINA		3.2 NAME	
STREET ADDRESS 2701 LE JEUNE RD STE 350		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CP2E034 (4/97)