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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M55020

(5)

MELI INVESTMENT, CORP.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		t tantanı i ibi birik, diril antibi ildir dinir	- 1 tantaktı i ibi biliki dirik katıla sıdır danı bibil alak kibil bibil bibil ibibik ibdi		
2701 LE JEUI	NE RD., STE. 350	2701 LE JEUNE RD., \$	TE. 350				
345	PA F: 6N.84	345	464	DO NOT WRITE I	N THIS SPACE		
CORAL GABL	ES FL 33134	CORAL GABLES FL 33 US	134	3. Date Incorporated or Qualified			
**		•		07/06/1987			
2. Principal F	Place of Business	2a, Mailing Address		4, FEI Number	Applied For		
21		26		59-2820726	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zıp	Country	Zip	Country	8. This corporation owes or has paid			
24	25	[29]	[30]	Personal Property Tax due June 3			
	g. Name and Address of Curr	ent Hegistered Agent	81 Na	10. Name and Address of New Reg	stered Agent		
	OLIVEIRA, CRISTINA		6' ''8	3116			
	01 LE JEUNE RD #345		82 St	reet Address (P.O. Box Number is Not Acceptable	9)		
00	ORAL GABLES FL 33134		83		· · · · · · · · · · · · · · · · · · ·		
			63		}		
			84 Ci	ly	85 Zip Code		
44-10		(00 L007 4500 51 L 0:			FL C C		
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607,1508, Florida Stat ite of Florida. Such change wa	lutes, the above-hai s authorized by the	med corporation submits this statement for the pu corporation's board of directors. I hereby accept	the appointment as registered		
agent. La	am familiar with, and accept the obl	igations of, Section 607.0505,	Florida Statutes.				
SIGNATURE					DATE		
12.	Signature, typed or printed name of registered a	IND DIRECTORS	13.	nature required when reinstaling) ADDITIONS/CHANGES TO OFFICE			
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO GITTIOL	Change Addition		
NAME	MESA. RAUDEL		1.2 NAME		Contained Contained		
STREET ADORESS	2701 LE JEUNE RD #345		1.3 STREET ADDR	ecc.			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP				
TITLE	DST	DELETE	21 TITLE		Change Addition		
NAME	MESA, RENALDO		22 NAME		-		
STREET ADDRESS	2701 LE JEUNE RD #345		2 3 STREET ADOR	IFSS			
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-ST-ZIF				
TITLE		DELETE	3 1 TIFLE		☐ Change ☐ Addition		
NAME	•		3 2 NAME				
STREET ADDRESS			3 3 STREET ADDR	iess !			
CITY-ST-ZIP			3 4. CITY-ST-ZIF				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	IESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
RAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ess	İ		
CITY-SY-ZIP			5.4 CITY-ST-ZIP				
THILE		DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS	İ		6.3 STREET ADDR	FSS			
CITY-ST-ZIP			6.4 CITY+ST+ZIP				
OIII-OI-EN	L		0.5 0111-31-20	<u> </u>			

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.