FILE NOW: FILING FEE AF PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # M82247 (1) 1. Corporation Name MELILLI INTERNATIONAL INC.					
Principal Place of E 5066 HIATUS RO. SUNRISE FL 333	AD	h	Mailing Address 5066 HIATUS ROAD SUNRISE FL 33351		
2. Principal Place of	of Business	24	a. Mailing Address	···-	3. Date Incorporated or Qualified     3a. Date of Last Report       05/19/1988     05/01/1995       4. FEI Number     Applied For
21 Suite, Apt. #, et	tc.	26	Suite, Apt. #, etc.		65-0053713     Not Applicable       5. Certificate of Status Desired     \$8.75 Additional Fee Required
City & State 23		28	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees
Ζιρ 24 9	25	Intry 29 dress of Current Regi		Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Ves No     10. Name and Address of New Registered Agent
ft. Laudef	RD AVENUE, S RDALE FL 333	x Z	207.1508, Florida Statutes ch change was authorized 9596, Florida Statutes.	83 84 City	Address (P.O. Box Number is Not Acceptable) 371 N Uniter (TY PKIVE) Suite 310 4macac FL 85 Zip Code 3332 porporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am 4/23/96
Signa 12.		arre of registered agent and till	CTORS	E: Flogistered Agent signature ro 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	D Melilli, K. 8340 NW 52NI Lauderhill F		DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST- ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D MCLILLI, K 5871 N. UNIVERSITY DRIVE, SUITE 310 TAMAKAC, FL 33321 Change Addition
TITLE NAME STREET ADDRESS			DELETE	2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Addition Change Addition
CITY-ST-ZIP TITLF NAME STREET ADDRESS			DELETE	3 1 TITLE 3.2 NAME 3.3. STREET ADDRESS	Change [_] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change 🔲 Addition
TITLE NAME STREET ADDRESS CUV-SL-ZIP				6. 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CHY - ST - 2IP	
<ul> <li>14. I do hereby certify that the information/supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 competition 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 73 if changed or or an attachment with an address.</li> <li>SIGNATURE:</li> </ul>					