FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99027 (8)

1. Corporation Name
MELODIE MAKERS, INC.

Principal Place of Business	Mailing Address
MELODIE MAKERS, INC. 10103 S.W. 72nd STREET MIAMI, FLORIDA 33173	MELODIE MAKERS, INC. 10103 S.W. 72nd STREET MIAMI, FLORIDA 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business	2a. Mailing Address
21 MELODIE MAKERS, INC.	26 MELODIE MAKERS, INC.
Suite, Apt. #, etc. 22 10103 S.W. 72nd STREET	Suite, Apt. #, etc. 27 10103 S.W. 72nd STREET
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33173 / 25 USA	Zip / Country 29 33173 / 30 USA

4. FEI Number: 65-0070710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BIDNER, MARK PENTHOUSE 200A 6262 SUNSET DRIVE MIAMI, FLORIDA 33143	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DP STACO HAROLD 11806 S.W. 102 STREET MIAMI, FL.	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP DP STACO HAROLD 10103 S.W. 72ND STREET MIAMI, FLORIDA 33173 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DVP WAINWRIGHT JEFF 11806 S.W. 102 STREET MIAMI, FL.	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP DVP WAINWRIGHT JEFF 10103 S.W.72ND STREET MIAMI, FLORIDA 33173 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP 000001527310 -06/29/95--01074--007 *****200.00 *****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP RECEIVED MAY 1 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP 5/1/95 MST ☐ Change ☐ Addition

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)(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.

SIGNATURE: HAROLD STACO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 6th, 1995/ (305)595-7925
Date / Daytime Phone #