

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N07014

(6)

1. Corporation Name

MELROSE MERCHANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3259 NW 28 ST
MIAMI FL 33142

3259 NW 28 ST
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BARRIOS, RAYMUNDO
3259 NW 28 ST
MIAMI FL 33142

3. Date Incorporated or Qualified

01/09/1985

4. FEI Number

65-0696022

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BARRIOS, RAYMUNDO
STREET ADDRESS 3259 NW 28TH ST
CITY-ST-ZIP MIAMI FL 33142

TITLE T ☒ DELETE

NAME IGLESIAS, LUIS
STREET ADDRESS 3128 NW 35 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE S ☐ DELETE

NAME RUIZ DEL VISO, ORLANDO
STREET ADDRESS 3366 NW 32 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME RIESGO, ORLANDO SR
STREET ADDRESS 3251 NW GWEN DR
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME AVILA, ELIO
STREET ADDRESS 3251 N.W. 28 ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CABRERA, JOSE
STREET ADDRESS 3054 NW 83 TERR
CITY-ST-ZIP MIAMI FL 33142

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymundo Barrios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/98-634-4522
Date Daytime Phone #

FILED
Jul 09 1998 8:00am
Secretary of State



CR2E037 (5/98)