

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG - 1 AM 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006452 (6)

1. Corporation Name
JAI MELADI CORPORATION

Principal Place of Business Mailing Address
**4800 W ATLANTIC AVE 4800 W ATLANTIC AVE
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/20/1992** 3a. Date of Last Report: **06/23/1994**
4. FEI Number: **65-0376038** 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. 109.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PATEL, HITESH V
4800 W ATLANTIC BLVD
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, HITESH V	12 NAME	MANISHA H. PATEL
STREET ADDRESS	4800 W ATLANTIC BLVD	13 STREET ADDRESS	4800 W. ATLANTIC AVE
CITY - ST - ZIP	DELRAY BEACH FL 33445	14 CITY - ST - ZIP	DELRAY BEACH FL 33445
TITLE	D	21 TITLE	SA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, BABUBHAI P	22 NAME	SAVITA B. PATEL
STREET ADDRESS	4800 W ATLANTIC BLVD	23 STREET ADDRESS	4800 W. ATLANTIC AVE
CITY - ST - ZIP	DELRAY BEACH FL 33445	24 CITY - ST - ZIP	DELRAY BEACH FL 33445
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 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: *Hitesh V. Patel* **HITESH V. PATEL** 06/19/95 (407) 364-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)