FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000027269 (6)

1. Corporation Name

MELIA (AMERICA) INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 299 ALHAMBRA CIRCLE	26 299 ALHAMBRA CIRCLE
Suite, Apt. #, etc. 22 SUITE 404	Suite, Apt. #, etc. 27 SUITE 404
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL.
Zip: 24 33134 Country: 25 U.S.A.	Zip: 29 33134 Country: 30 U.S.A.

4. FEI Number: 65-057 2329 ☐ 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

ALONSO, JULIO C
999 PONE DE LEON BLVD.
SUITE 1040
CORAL GABLES FL 33134

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 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALONSO, JULIO C 999 PONCE DE LEON BLVD. #1040 CORAL GABLES FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D GILBERT, ADRIAN T. 299 ALHAMBRA CIRCLE, SUITE 404 CORAL GABLES, FL. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/S/D DAGO, RENE 325 ALHAMBRA CIRCLE CORAL GABLES, FL. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D FERNANDEZ,FRANCISCO J. 151 MAJORCA AVE CORAL GABLES, FL. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V/A.S ARELLANO,RICARDO 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T/AS/D VALIENTE,JUAN M. 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	A.T/AS FERRER, CARMELO 299 ALHAMBRA CIRCLE SUITE 304 CORAL GABLES, FL. 33134	☐ 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: _____ 4-29-96 (305) 442-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADRIAN T. GILBERT-PRESIDENT

Date Daytime Phone #

CR2E034 (12/95)