

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90037 013 ***158.75

DOCUMENT # P95000027269

1. Corporation Name

MELIA TRAVEL INTERNATIONAL, INC.

Principal Place of Business

269 GIRALDA AVE.
SUITE 303
CORAL GABLES FL 33134
US

Mailing Address

269 GIRALDA AVE.
SUITE 303
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

22 178

City & State

23 Coral Gables, Fl.

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 178

City & State

28 Coral Gables, FL.

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

ABDELHADI, HUSNI
3550 SW 15TH ST.
APT. 4
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number

65-0572329

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes

□ No

10. Name and Address of New Registered Agent

81 Name

HUSNI ABDELHADI

82 Street Address (P.O. Box Number is Not Acceptable)

1825 Ponce De Leon Blvd

83

Apt. 178

84

Coral Gables

FL

85 Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE POS ☐ DELETE

NAME ABDELHADI, HUSNI

STREET ADDRESS 3550 S.W. 10TH ST., APT. 4

CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/S/D

X Change

□ Addition

1.2 NAME

ABDELHADI, HUSNI

1.3 STREET ADDRESS

1825 PONCE DE LEON BLVD, 178

1.4 CITY-ST-ZIP

CORAL GABLES, FL. 33134

2.1 TITLE

□ Change

□ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

□ Change

□ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

□ Change

□ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

□ Change

□ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

□ Change

□ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ Change

□ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(POS)
595-1197

Daytime Phone #

CR2E034 (11/98)

0000162