

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 # P95000034056 (8)

1. Corporation Name

MEL-INTER (U.S.A.) INC.

Principal Place of Business

325 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address

325 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 299 Alhambra Circle

26 299 Alhambra Circle

4. FET Number

65-0577283

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 404

27 SUITE 404

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33134

25 U.S.A.

29 33134

30 U.S.A.

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

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed in block, including title, on the day of filing.

Signature typed or printed in block, including title, on the day of filing.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D ALONSO, JULIO C
STREET ADDRESS 999 PONCE DE LEON BLVD. #1040
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME 400001933574
STREET ADDRESS -08/27/96--01146--012
CITY-ST-ZIP *****225.00 *****225.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 TITLE P/D
2 NAME GILBERT, ADRIAN T.
3 STREET ADDRESS 299 ALHAMBRA CIRCLE, SUITE 404
4 CITY-ST-ZIP CORAL GABLES, FL. 33134

21 TITLE V/S/D
22 NAME DAGO, RENE
23 STREET ADDRESS 325 ALHAMBRA CIRCLE
24 CITY-ST-ZIP CORAL GABLES, FL. 33134

31 TITLE V/AS
32 NAME ARELLANO, RICARDO
33 STREET ADDRESS 299 ALHAMBRA CIRCLE, SUITE 404
34 CITY-ST-ZIP CORAL GABLES, FL. 33134

41 TITLE T/AS/D
42 NAME VALIENTE, JUAN M.
43 STREET ADDRESS 299 ALHAMBRA CIRCLE SUITE 404
44 CITY-ST-ZIP CORAL GABLES, FL. 33134

51 TITLE AT/AS
52 NAME FERRER, CARMELO
53 STREET ADDRESS 299 ALHAMBRA CIRCLE, SUITE 304
54 CITY-ST-ZIP CORAL GABLES, FL. 33134

61 TITLE D
62 NAME FERNANDEZ, FRANCISCO J.
63 STREET ADDRESS 151 MAJORCA AVE.
64 CITY-ST-ZIP CORAL GABLES, FL. 33134

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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN T. GILBERT - PRESIDENT

4-29-96

(305) 442-0767

CR2E034 (12/95)