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 # **P95000034112 (9)**

1. Corporation Name

MELIA ADMINISTRATION SERVICES, 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: 05/02/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21 299 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
22 SUITE 404
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 299 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
27 SUITE 404
City & State
28 CORAL GABLES, FL.
Zip 29 33134 Country 30 U.S.A.

4. FEI Number: 65-0577279 ☐ 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	D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	ALONSO, JULKIO C		1.2 NAME	GILBERT ADRIAN T.	
STREET ADDRESS	999 PONE DE LEON BLVD. SUITE 1040		1.3 STREET ADDRESS	299 ALHAMBRA CIRCLE,SUITE 404	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME			2.2 NAME	FERNANDEZ, FRANCISCO J.	
STREET ADDRESS			2.3 STREET ADDRESS	151 MAJORCA AVE.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME			3.2 NAME	DAGO,RENE	
STREET ADDRESS			3.3 STREET ADDRESS	325 ALHAMBRA CIRCLE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	4.1 TITLE	V/AS	☐ Change ☒ Addition
NAME			4.2 NAME	ARELLANO,RICARDO	
STREET ADDRESS			4.3 STREET ADDRESS	299 ALHAMBRA CIRCLE SUITE 404	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	5.1 TITLE	T/AS/D	☐ Change ☒ Addition
NAME			5.2 NAME	VALIENTE, JUAN M.	
STREET ADDRESS			5.3 STREET ADDRESS	299 ALHAMBRA CIRCLE,SUITE 404	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ DELETE	6.1 TITLE	AT/AS	☐ Change ☒ Addition
NAME			6.2 NAME	FERRER,CARMELO	
STREET ADDRESS			6.3 STREET ADDRESS	299 ALHAMBRA CIRCLE,SUITE 304	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL GABLES,FL. 33134	

CR2E034 (12/95)

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: _____ 4-29-96 (305)442-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADRIAN T. GILBERT-PRESIDENT