

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073923 (1)

1. Corporation Name
MELO AUTO SALES, INC.



Principal Place of Business

7195 NW 7 AVE.
MIAMI FL 33150

Mailing Address

7195 NW 7 AVE.
MIAMI FL 33150-3805

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
05/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip

4. FEI Number
65-0614542

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

MELO, EDUARDO
6235 NW 201 LN.
MIAMI FL 33015

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

(Signature of person filing with registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	D	<input type="checkbox"/> DELETE
12.2	NAME	MELO, EDUARDO	
12.3	STREET ADDRESS	6235 NW 201 LN.	
12.4	CITY - ST - ZIP	MIAMI FL 33015	
12.5	TITLE	PTVS	<input type="checkbox"/> DELETE
12.6	NAME	MELO, EDUARDO	
12.7	STREET ADDRESS	6235 NW 201 LN.	
12.8	CITY - ST - ZIP	MIAMI FL 33015	
12.9	TITLE		<input type="checkbox"/> DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY - ST - ZIP		
12.13	TITLE		<input type="checkbox"/> DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY - ST - ZIP		
12.17	TITLE		<input type="checkbox"/> DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY - ST - ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY - ST - ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY - ST - ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY - ST - ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97 (305) 759 0262

Date

Daytime Phone #

CR2E034 (9/96)