

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 15 1997 8:00am  
Secretary of State

DOCUMENT # P96000014292 (2)

1. Corporation Name  
**MALLOE CORP.**



Principal Place of Business Mailing Address  
**17096 Collins Ave # D-505 17096 Collins Ave**  
**# D-505**  
**Miami-F1- 33160 Miami-F1-33160**

2. Principal Place of Business 2a. Mailing Address  
21 **121 SE 1st St # 1004-** 26 **121 SE 1st St-# 1004**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1005** 27 **1005**  
City & State City & State  
23 **Miami -F1** 28 **Miami-F1**  
Zip Country Zip Country  
24 **33131** 25 **USA** 29 **33131** 30 **USA**

3. Date Incorporated or Qualified **02/15/1996** 3a. Date of Last Report  
4. FEI Number **65-0644258** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution 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  
**ARAUJO, JULIO**  
**17096 Collins Ave # D-505**  
**Miami-F1- 33160**

10. Name and Address of New Registered Agent  
81 Name **JULIO ARAUJO**  
82 Street Address  
83 **8333 Lake Dr- L-203**  
84 City **Miami** FL 85 Zip Code **33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **PSD** ☒ DELETE  
NAME **Julio Araujo**  
STREET ADDRESS **17096 Collins Ave # D-505**  
CITY- ST- ZIP **Miami-F1-33160**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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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 **PSD** ☒ Change ☐ Addition  
1.2 NAME **JAIR MELLO**  
1.3 STREET ADDRESS **17096 Collins Ave # D-505**  
1.4 CITY- ST- ZIP **Miami Beach - FL - 33160**  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

**Feb/22/97**

Date

Daytime Phone #

0210057

CR2E034 (9/96)