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Apr 25 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 # P96000028745 (3)

1. Corporation Name
MELENDE CORP.

Principal Place of Business
15625 SW 78TH PLACE
MIAMI FL 33157

Mailing Address
15625 SW 78TH PLACE
MIAMI FL 33157-2374



3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
4. FEI Number 65-0678826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent MESA, MARIA I 15625 SW 78TH PLACE MIAMI FL 33157	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
15625 SW 78 Place	Miami FL 33157	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
15625 SW 78 Place	Miami FL 33157	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	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]* J. L. Mesa 4/18/97 235 4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)