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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600053650 (3)

MELMAR UNLIMITED, INC.

FILED Jan 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2296 S.W. 58TH AVE. 2296 S.W. 58TH AVE. MIAMI FL 33155 MIAMI FL 33155-2245								
					3. Date Incorporated or Qualified 06/21/1996	3a. Da	ate of Last Re	eport
2. Principal Place	of Business	2a. Mailing Address		·····	4. FEI Number		Ар	plied For
21		26			65-0675795			t Applicable
Surte, Apt. #, etc 22	3.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip I	Country	Zip Zip	Country	f	8. This corporation has liability for	or intangible Yes [. 199.032,
24	25 Name and Address of Curren	29 Realstered Agent	30		Florida Statutes 10. Name and Address of New F			
	, DOMINGO		81	Name C	Serardo Rodis			
301 ALMERIA AVE., SUITE 220			82	Street Add	ress (P.O. Box Number is Not Accept	able)		
CORAL GABLES FL 33134					2296 SW 58+1	1 Ave		
			83	1				
			84	City	Mosult	FL		Code
11. Pursuant to the	provisions of Sections 607.050	2 and 607.1508. Florida Statu	ites, the abov		,	purpose o	<u>د د ا</u> changing it	S5 ts registered
office or regist agent. Fam far	ered agent, on oth, in the State miliar with and second the obliga	of Fiorida, Such change was itions of, Section 607,0505, F	authorized b lorida Statute	y the corporal s.	poration submits this statement for the tion's board of directors. I hereby acc	ept the app	xointment as	registered
SIGNATURE	(9)	.,, , , , , , , , , , , , , , , ,		-		1/8	Po	
Signer				ent signature requi	red when reinstating)	DATE	DIRECTOR	20 114 40
12.	OFFICERS AND	DELETE	13.	Т	ADDITIONS/CHANGES TO OF	-ICERS ANI	Change	Addition
) Driguez, Gerardo S		1,2 NAME					
	96 S.W. 58TH AVE.			T ADDRESS				
	AMI FL 33155		1.4 CITY	ST-ZIP				
TITLE VC		DELETE	2.1 TITLE				Change	Addition
	ood, Kerwin				\$			
	96 S.W. 58TH AVE.		2.3 STREE	I ADDRESS				
	AMI FL 33155	DELETE	2. 4 CITY-	ST-ZIP			Change	Addition
TITLE		FT DETELE	3.1 FITLE 3.2 NAME				Change	☐ Addition
NAME STREE* ADDRESS				T ADORESS				
CITY-ST-ZIP			3.3 3 mile.					
TITLE		DELETE	4 1 TITLE				Change	Addition
NAME			4 2 NAME				•	
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY - ST - ZIP			4.4 C/TY	ST - ZIP	······			
TITLE		☐ DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-Z#	***************************************		5.4 CITY -	ST-ZIP			T 6:	
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME.			6.2 NAME	ſ				
STREET ADORESS				1 ADDRESS				
CITY-ST-ZIP		at at the film of the second second	6.4 CITY-		d in Contine 110.07(QVI). Storida State	.A 1 6		. 15 .

4. 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 [Chapter] for on an attachment with an address.

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1897

(34)267-6979

none » Anna