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

PROFIT CORPORATION ANNUAL REPORT

1998

MELBA, MIERA

900 E. ATLANTIC AVENUE

DELRAY BEACH FL 33483

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FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074015 (4)

MIERA MELBA INTERIOR'S, INC.

Mailing Address Principal Place of Business PO BOX 807 900 E. ATLANTIC AVENUE DELRAY BCH FL 33447 **DELRAY BEACH FL 33483** 2a. Mailing Address 2. Principal Place of Business

9. Name and Address of Current Registered Agent

City & State City & State 28 Zip Country Country

29

Suite, Apt. #, etc. 27

Suite, Apt. #, etc. 5. Certificate of Status Desired 8. Election Campaign Financing

8. This corporation owes or has paid the curr 30

10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

83

FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 \Box

	Applied For
	Not Applicable
\$1	8.75 Additional
Fee Required	
\$5.00 May Be	
Added to Fees	
ent year Intangible	
J Ye	s LINo I

Zio Code

117/08

Personal Property Tax due June 30.

3. Date Incorporated or Qualified

09/03/1996

65-0689690

Trust Fund Contribution

4. FEI Number

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, typed or printed name of registated agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DFLETE Change ☐ Addition 1.1 TITLE TITLE MELBA, MIERA 1.2 NAME NAME 900 E. ATLANTIC AVENUE 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 ITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cannot accurate and that my signature shall have the same legal effect as if made under oath; that I am an woold to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplementation of director of the corporation or the Block 12 or Block 13 if changed, or or