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Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 034 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074015

1. Corporation Name
MIERA MELBA INTERIOR'S, INC.

Principal Place of Business
900 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

Mailing Address
PO BOX 807
DELRAY BCH FL 33447
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0689690

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21
Suites, Apt. #, etc.

26
Suite, Apt. #, etc.

23
City & State

28
City & State

24
Zip Country

25

29
Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELBA, MIERA
900 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETED
NAME MELBA, MIERA
STREET ADDRESS 900 E. ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

1.1 TITLE Change Add
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Add
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Add
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Add
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Add
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Add
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

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