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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000077926

1. Corporation Name

MELISSA CORPORATION

Principal Place of Business
8100 NW 166 STREET
MIAMI FL 33016

Mailing Address
8100 NW 166 STREET
MIAMI FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/19/1996
4. FEI Number: 65-0711784 — ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business — 21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address — 26 | Suite, Apt #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

LEONARDO F. BRITO, P.A.
8005 NW 155 SSTREET, SUITE B
MIAMI FL 33016

10. Name and Address of New Registered Agent

81 Name: ALBERTO LAZO
82 Street Address (P.O. Box Number is Not Acceptable): 8100 NW 166 STREET
83
84 City: MIAMI FL 85 Zip Code: 33016

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] ALBERTO LAZO -PRESIDENT 4/20/98
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	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAZO, ALBERTO	1.2 NAME	
STREET ADDRESS	8100 NW 166 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	LAZO, ANA MARIA
STREET ADDRESS		2.3 STREET ADDRESS	8100 NW 166 STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002507648
STREET ADDRESS		6.3 STREET ADDRESS	-05/01/98--01055--005
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 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] 4/20/98 305 822-3798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ALBERTO LAZO - PRESIDENT | Date | Daytime Phone #