PROFIT CORPORATION ANNUAL REPORT 199

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

FILED
99 JUL 12 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008948

1. Corporation Name
MELROSE HOMES INC.

Principal Place of Business
901 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES, FL 33134

2. Date Incorporated or Qualified: 01/29/1997
3a. Date of Last Report: 03/19/1998

21 Principal Place of Business: 2189 WEST 60 STREET
26 Mailing Address: 2189 WEST 60 STREET
4. FEI Number: 65-0735036 — Applied For / Not Applicable
22 Suite, Apt. #, etc.: SUITE 205
27 Suite, Apt. #, etc.: SUITE 205
5. Certificate of Status Desired: XXX — $8.75 Additional Fee Required
23 City & State: HIALEAH, FLORIDA
28 City & State: HIALEAH, FLORIDA
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 Zip: 33016 — 25 Country: USA
29 Zip: 33016 — 30 Country: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SEGREDO, FRANK J ESQ
901 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent
31 Name: JOSE E. FANO
32 Street Address (P.O. Box Number is Not Acceptable): 2189 WEST 60TH STREET
33 SUITE 205
34 City: FLORIDA — FL — 35 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: JOSE E. FANO — 07/09/99
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	FANO, JOSE E.
STREET ADDRESS	2189 WEST 60 STREET SUITE 205
CITY-ST-ZIP	HIALEAH, FLORIDA 33016
TITLE	D ☐ DELETE
NAME	FERRO, MARIO JR
STREET ADDRESS	9921 W. OKEECHOBEE ROAD #126-A
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	400003254474--3
1.3 STREET ADDRESS	-07/14/99--01092--006
1.4 CITY-ST-ZIP	****55.75 ****55.75
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CPDEC34 (9/96)

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: JOSE E. FANO VICE PRESIDENT — 07/09/99
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR — Date