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

PROFIT.

CORPORATION

ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700009165 (6)

**MELROSE DEVELOPMENT CORPORATION** 

FILED Apr 01 1998 8:00am Secretary of State

	# COP# CON 100111	DOLL BURKE HOLDI	HIBIT OKER BILL LODI

Principal Place	Principal Place of Business Mailing Address				
		<del>-</del>			
SUITE 701	E LEON BLVD	901 PONCE DE LEON BL' SUITE 701	VD.		
CORAL GABLE			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified
					01/30/1997
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0735 037 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	•	City & State			Election Campaign Financing \$5.00 May Be
23 Zio	Country	28	041-		Trust Fund Contribution L Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
957	GREDO, FRANK J ESQ.	nogistatea Agent	81	Name	ID, Hallie and Address of Herr negistried Agent
			ļ		
901 PONCE DE LEON BLVD. SUITE 701			Address (P.O. Box Number is Not Acceptable)		
			83	<del> </del>	
CO	RAL GABLES FL 33134		"		
			84	City	85 Zip Code
44 Prizepant t	a the provisions of Sections EO7 0502	and 607 1508 Florida Statute	on the abov	l namada	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was a	uthorized b	y the corpo	corporation's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statute	8.	
SIGNATURE .	Signature, typed or printed name of registered agen	and bile describe the (NOTE	- Pagatorad An	ant sinnal va r	required when reinstating) DATE
12.	OFFICERS AND		13.	ent eignatura n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE !	D	DELETE	1.1 TITLE	T	Change Addition
NAME	FANO, JOSE E		1.2 NAME		
STREET ADDRESS	2189 W. 60TH ST., UNIT #205	1		T ADDRESS	•
CITY-ST-ZIP	HIALEAH FL 33018		1.4 CITY-	1	
TITLE	D	DELETE	2.1 TITLE	-	☐ Change ☐ Addition
NAME	FERRO, MARIO JR.		2.2 NAME		_ • _
STREET ADDRESS	9921 W. OKEECHOBEE RD. #	126-A	1	T ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		2.4 CITY-		
TITLE		☐ DELETE	3.1 TITLE	1	Change Addition
NAME			3.2 NAME	1	
STREET ADDRESS			33 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CiTY-1	ST-ZIP	
TITLE		DELETE	5.1 TITLE	-	. Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP		Λ	5.4 CITY	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		- []	6.2 NAME		
STREET ADORESS		- 11	6.3 STREE	T ADDRESS	
CITY-ST-ZIP	<b>\</b>	11	6.4 CITY-	ST-ZIP	
14. I hereby c	ertify that the information supplied with	the liling does not qualify fo	r the exemp	otion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	director of the corporation or the recd	Nowbr trustee empowered to e	urate and th execute this	iat my sign report as r	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	or Block 13 if changed, or on an atlad	viidnt with an address.	·- · · · <del>-</del>		, , , , , , , , , , , , , , , , , , ,

RIGNATURE

V'uleson

3/19/98

305-566 4282