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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000009173 (0)

1. Corporation Name

MELROSE VILLAS, INC. OK

Principal Place of Business

**901 Ponce de Leon Blvd.
Suite 601
Coral Gables, FL 33134**

Mailing Address

**901 Ponce de Leon Blvd.
Suite 601
Coral Gables, FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/97

2. Principal Place of Business

21 **2189 W. 60th Place**

2a. Mailing Address

26 **2189 W 60th St.**

4. FEI Number

65-0735035

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **#205**

Suite, Apt. #, etc.

27 **#205**

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23 **Hialeah, FL**

City & State

28 **Hialeah, FL**6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

Zip

24 **33016**

Country

25 **USA**

Zip

29 **33016**

Country

30 **USA**8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Segredo, Frank J. Esq.,
901 Ponce de Leon Blvd.
Suite 601
Coral Gables, FL 33134**

81 Name
Jose E. Fano

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2189 W. 60th St.,**84 **#205**84 City
Hialeah

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, 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 ☐ DELETENAME **Vice President**STREET ADDRESS **Fano, Jose E.**CITY-ST-ZIP **2189 W. 60th St., #205****Hialeah, FL 33016**TITLE ☐ DELETENAME **President**STREET ADDRESS **Fano, Jr., Mario**CITY-ST-ZIP **2189 W. 60th St. #205****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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose E. Fano vice president 2/11/99 305 550428

Date

Daytime Phone #

CR2E034 (11/98)