

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90007 032 ***158.75

DOCUMENT # P98000034563

1. Corporation Name
MARIO MELO, INC.

Principal Place of Business
475 WEST 42 ST.
HIALEAH FL 33012

Mailing Address
475 WEST 42 ST.
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

65-0842149

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **1**

\$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

21 4315 NW 7 ST

2a. Mailing Address

26 PO Box 441992

Suite, Apt. #, etc.

22 SUITE 19

Suite, Apt. #, etc.

27

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33126

Country

25 Miami Dade

Zip

29 33144

Country

30 Miami Dade

9. Name and Address of Current Registered Agent

MELO, MARIO
475 WEST 42 ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

12264 SW 18 TR

83

84 City Miami

FL

85 Zip Code 33175

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 MARIO MELO, PRESIDENT

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

(NOTE: Registered Agent signature required when reappointing)

4/2/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MELO, MARIO
STREET ADDRESS 475 WEST 42 ST.
CITY-ST-ZIP HIALEAH FL 33012

TITLE VP ☐ DELETE
NAME MELO MIGUEL
STREET ADDRESS 12945 SW 76 TR
CITY-ST-ZIP Miami FL 33183

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
1.3 STREET ADDRESS P O BOX 441992
1.4 CITY-ST-ZIP Miami FL 33144

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME MELO MIGUEL
2.3 STREET ADDRESS 12945 SW 76 TR
2.4 CITY-ST-ZIP Miami FL 33183

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

(305) 992-0046

Daytime Phone #

CR2E034 (1/98)