| FILE | NOW: FILING | FEE AFT | ER MAY 1ST IS | \$550.0 | 00 | | | | | |
|--|---|---|--|------------------------|---------------------------|---|--------------------------|--------------------|-----------------------------|-------------|
| COI | PROFIT RPORATION UAL REPORT | | FLORIDA DEPAR | | STATE | 07-29-19 | P98000 | 0064488 | 30.00 | = - |
| 1999 DIVISION OF CO | | | | | | F | ILED | | | = |
| DOCUMENT # P98000064488 | | | | | | 99 AUG 23 AM 9: 55 | | | | = |
| MELVIN DESIGN, INC. | | | | | | SECRETARY OF STATE | | | | = |
| Principal Place of Business • Mailing Address | | | | | | 5 598055 | - 90011 - 23 | 5 | | |
| 3655 WEST 16th AVENUE 3655 WEST 16th AVENUE SUITE # 9 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | - = 1 |
| HIALEAH, FL 33012 HIALEAH, FL 33012 | | | | | | JULY 22, 1998 | | | | |
| Principal F 21 | Place of Business | 2 | Za. Mailing Address | | | 4. FEI Number 65-0854759 | | | oplied For of Applicable | ∃ |
| Suite, Apt. | | 2 | | | | 5. Certificate of Status Desired | 0 | \$8.75 / Fee Re | Additional equired |] = |
| City & Sta | | 2 | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | | . I |
| Zip _ | Country 25 | 2 | | Country 30 | · · | 8. This corporation owes the our Personal Property Tax. | | Ŭ Yes | EN. | |
| | 9. Name and Addre | ss of Current Re | pistered Agent | 81 | Name | 10. Name and Address of New I | legistered / | Agent | | |
| MELVIN SARANTES: 62 Street Address | | | | | | dress (P.O. Box Number is Not Accepta | ible) | | | { = |
| 3655 WEST 16th AVENUE | | | | | | | | | | |
| HIALEAH, FL 33012 | | | | | | | FL | 85 Zip (| Code |] = |
| 11. Pursuant office of | to the provisions of Secti egistered agent, or both, | ons 607.0502 and in the State of Flo | 607.1508, Floride Statute orlde. Such change was au | s, the above | e-named co the corpora | rporation autimits this statement for the ition's board of directors. I hereby accep | purpose of the appoir | changing its | registered gistered | - 1 |
| agent, I a | m familiar with, and acce | pt the obligations | of, Section 607.0505, Flori | ida Statutes |). | | | | | = |
| 12. | Signature, typed or presied some | of registered agent and the | | Registered Age | rper erutangle to | Fed when ministring) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO | DC N 42 | - 🕱 |
| TITLE | P | FRICERS AND DI | DELETE | . 1.1 TILE | | AUDITIONS/CHANGES TO OF | ricers an | Change | Addition | (11/86) |
| NAME | MELVIN SAR | ANTES | | 12 NAME | 1 | | | | | |
| STREET ADORESS | 3655 WEST SUITE # 9 | 16th AVE | NUE | 1.3 STREET | 1 | | | | | CR2E034 |
| CITY-ST-ZIP TITLE | HIALEAH, F | | | 1.4 OTY-S 2.1 TITLE | 1-20- | | | Change | Addition | 5 ≡ |
| NAME | | | | 22 NVME | ì | | | | | ì |
| STREET ADDRESS | | | | 2.3 STREET | | | | | | (- |
| TITLE | | | DELETE | 2.4 CTY-8 | 11-ZP | | | Change | Addition | 1 = |
| _NAME | | ~ | | 12 NWE | - | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | | | | | | [|
| TITLE | | | DELETE | \$4.CTY-8 | 1.2 | | | Change | Addition | . ≡ |
| KAME | | | | 4.2 NAME | j | | | | | = |
| STREET ADORESS | | | | 43 STREET | | | | | | Ī |
| TITLE . | | | () DELETE | 64 TITLE | 1-28P | | | Change | Addition | 1 |
| NAME | | | | SZHWE | | | | | | |
| STREET ADORESS | | | | 6.3 STREET | 1 | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 6.1 TITLE | I-ZEP | | | Change | ☐ Add®ion | |
| NAME | | | <u></u> | 6.2 NAME | l | | | | SP | |
| STREET ADDRESS | | - | | 4.3 STREET | - 1 | | | | / I | |
| CITY-ST-ZIP | artifu that the information | Supplied with this | fillion chase not qualify for | BA CITY-ST | | Service 110 07/3Vil Electric Statute | hather or 4 | ifu that the L | dometica | Ì |
| 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the proderor to receive or unusee 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 as address, with all other like empowered. | | | | | | | | | | |
| SIGNAT | _ | (F) | MELVIN | SARAN | | PRESIDENT 07-19-9 | 9 30 | 5-362 | | _ = |

MELVIN DESIGN, INC.

Melvin Sarantes 3665 West 16TH Avenue Bayil9 Hisleah, FL 33012 Telephone (305) 362-2109 Fax (305) 362-8616

August 12th, 1999

Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

Ref.Number: P98000064488

I'm sending you this letter to explain the reasons of why I did not send on time the proper paper for my Annual Report. I did not know that I had to do an Annual Report every year, once my sister in law past by my office and she was worry about that she has to filed that paper, at that time I called my accounting, and I ask him about Why I did not receive the Annual Report's paper. I went back to check my Corporation package and I find out that the address was wrong, that was the reason that I did not receive that paper on the mail.

The only option that I had, it was to make a copy of the front page of my document number of this corporation, and a copy show in the right mailing address of this corporation, that was the only option for me in order to send you the check on time.

If you have any questions regarding the above, please do not he sitate to call me at (305) 362-2109.

Cordially,

Melvin Design, Inc. Jennifer Sarantes