PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000095634

1. Corporation Name

MEL MGNT, INC.

2. Principal Place of Business

21

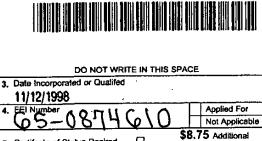
,		
Principal Place of Business	Mailing Address	
P O BOX 65-3322	P () BOX 65-3322 Miami Fl. 33265-3322	
MIAMI FL 33265-3322	MINIMI FL SSEUJ-SSEE	

26

Mailing Address

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90093 024 \*\*\*150.00



Suite, Apt. #, etc. Suite. Apt. #. etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees \_\_ Trust Fund Contribution 23 Country This corporation owes the current year Intengible Zip Country X Yes □No Personal Property Tax. 30 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LARRAMENDI, OSIRIS M Street Address (P.O. Box Number is Not Acceptable) 82 20315 OLD CUTLER ROAD MIAMI FL 33189 83 City Zip Code 84

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 epplicable.	(NOTE: Re	gistered Agent signature :	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TILE	D	DELETE	1.1 TITLE	☐ Change	Addition Addition
NAME	LARRAMENDI, MANUEL E		12NAME		
STREET ADDRESS	P O BOX 65-3322 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33265-3322		1.4 CITY-ST-ZIP		
TITLE	0	DELETE	2.1 TITLE	Change	Addition
NAME.	LARRAMENDI, OSIRIS M		2.2 NAME		
STREET ADDRESS	P O BOX 65-3322 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33265-3322		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY, ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Additio
NAME			4. 2 NAME _		
STREET ADDRESS		j	4.3 STREET ADDRESS		
C/TY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change .	Addition
NAME			5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		FT 4 3200
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			8.2 NAME	· · · ·	
STREET ADDRESS			8.3 STREET ADDRESS	•	
CITY 97 780			8.4 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 cath; that I am an officer or director of the corporation or the receiver or toustee 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 export an attachment with an address, with all other like empowered.

SIGNATURE

INGUATURE REQUIRED

4-14-99 (305)223-6090