PROFIT CORPORATION ANNUAL REPORT

- 1999



FLORIDA DI:PARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S20558

MELFOR, INC.

Principal Place of Business

Mailing Address

316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 316 ROYAL POINCIANA PLAZA

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90031 003 \*\*\*150.00



PALM BEACH	Ft. 33480	PALM BEACH FL 3348()		Ì	DO NOT WRITE IN	I THIS SDACE	
				3.	Date Incorporated or Qualifed	THOSPACE	
1				] ".	12/21/1990		ì
2. Principal P	Place of Business	2a. Mailing Address		+4.	FEI Number		pplied For
l	Royal Poinciana W	1	oinciana		65-0234539	<b>├</b>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u>-</u> -		- <del></del>	Additional
22 Suite	e 316	27 Suite 316		5.	Certificate of Status Desired	•	equired
City & Stat		City & State		6.	Election Campaign Financing	\$5.00	May Be
23 Palm	Beach, FL	28 Palm Beach,	- FL		Trus Fund Contribution		to Fees
3348(	O GUSA	Zij 3480 _	¬ <sup>c</sup> ourty	8.	This corporation owes the current ye	ear Intangible	
24	25	29 3	0		Personal Property Tax.	Yes	<b>⊠</b> No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
CAR	ISON, DONALD W		81 Name		. Donald W.		
316 DOVAL POINCIANA DI AZA 82 Street				t Address (P	P.O. Box Number is Not Acceptable)	<del>-,</del>	<del>कि देव करें ।</del>
_	M BEACH FL 33480	<u>yal Poinciana Wa</u>	У				
55, 5 - C	Maria		83 5	Suite	316		
			84 City			85 Zip	Code
			I	alm B	each	1·L	33480
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was auti	, the above-name	d corporation	a submits this statement for the purpo	ose 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 acpointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12.	Stgnature, typed or printed r ame of registered agent OFFICERS AND		egistered Agent signature				DO 111 40
TITLE	AS OFFICERS AND	DELETE	13. 1.1 TITLE	Τ	ADDIT ONS/CHANGES TO OFFICER	Change	Addition
NAME	ROSS, DANIEL D ESQ	_ 5222.0	1.2 NAME		Royal Poinciana Way	_ `	_
STREET ADDRESS			1.3 STREET ADDRESS	Suite		ORRECTI	ON
CITY: ST: ZIP.	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	'  Palm	Beach, FL 33480		
TITLE	DV	☐ DELETÉ	2.1 TITLE	+		☐ Change	Addition
NAME .	CARSON, DONALD W	<del></del>	2.2 NAME		Royal Poinciana Way	_ ,•	를 풀었다.
STREET ADDRESS	316 ROYAL POINCIANA PLAZA		2.3 STREET ADDRESS	Suite		ORRECTI	IÓN 👙
CITY-ST-ZIP	PALM BEACH FL 33480		2 4 CITY-ST-ZIP	Palm	Beach, FL 33480		
TITLE	DVT	☐ DELETE	3.1 TITLE	240 [	Daniel Daimaiama Wass	☐ Change	☐ Addition
NAME	HERNANDEZ, OSCAR R		3.2 NAME	Suite	Royal Poinciana Way	ORRECTI	ON
STREET ADDRESS	316 ROYAL POINCIANA PLAZA		3.3 STREET ADDRESS		Beach, FL 33480	OKKECII	
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP	Faiiii	Deach, FL 33400		
TITLE	DVS	☐ DELETE	4.1 TITLE	3/0 1	Royal Poinciana Way	☐ Change	Addition
NAME	VALDIVIA, JOSE F JR		4. 2 NAME	Suite		ORRECTI	ION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA		4 3 STREET ADDRESS		Beach, FL 33480	UNIECII	1311
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-ST-ZIP	I allii	Deach, I L 55760		
TILE	DP	☐ DELETE	5.1 TITLE	340 P	loyal Poinciana Way	Change	Addition
NAME	FANJUL, ALFONSO		5 2 NAME	Suite		ORRECTI	ION
STREET ADDRE'S			5.3 STREET ADDRESS		Beach, FL 33480		
CITY+ST-ZIP	PALM BCH FL 33480		5.4 CITY-ST-ZIP				
TITLE	V.	☐ DELETE	6.1 TITLE	340 F	Royal Poinciana Way	☐ Change	Addition
NAME	BLOMQVIST, ERIK J		6.2 NAME	Cuita	316 C	ORRECTI	ON I
STREET ADDRESS			6.3 STREET ADDRESS		Beach, FL 33480	O,MILO II	
CITY-ST-ZIP	PALM BEACH FL 33480		6.4 CITY-ST-ZIP	(0)			<u> </u>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicate J 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 of true 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 or an attachment with an address, with at other like empowered.

SIGNATURE:

No TYPED OR A HAVE BY NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

561-655-6303

Jaylime Phone

K2E034 (11/98)