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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016598 (2)

1. Corporation Name
MELANGE, INC.



Principal Place of Business Mailing Address
7441 N.W. 8 STREET 7441 N.W. 8 STREET
#H #H
MIAMI FL 33126 MIAMI FL 33126-2940

3. Date Incorporated or Qualified 03/02/1994 3a. Date of Last Report 06/14/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0472816 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FRIEDMAN, ILAN 81 Name
7441 N.W. 8 STREET 82 Street Address (P.O. Box Number is Not Acceptable)
#H 83
MIAMI FL 33126 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, CLARA H	1.2 NAME	
STREET ADDRESS	7441 N.W. 8 STREET #H	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOVICH, REBECA D	2.2 NAME	
STREET ADDRESS	7441 N.W. 8 STREET #H	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ILAN	3.2 NAME	
STREET ADDRESS	7441 N.W. 8 STREET #H	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOVICH, TULIO	4.2 NAME	
STREET ADDRESS	7441 N.W. 8 STREET #H	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: I. FRIEDMAN 1.27.97 305-2671810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)