

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011332 (0)

1. Corporation Name
QUALA MED, INC.



Principal Place of Business: **4001 S.W. 47TH AVE. SUITE 201 FT LAUDERDALE FL 33314**
Mailing Address: **4001 S.W. 47TH AVE. SUITE 201 FT LAUDERDALE FL 33314**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report
21	4011 S.W. 47 Ave.	26		4. FEI Number 65-0578076	Applied For Not Applicable
Suite, Apt. #, etc. 22 Suite 1101		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Ft. Lauderdale, FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33314	25	Country U.S.	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
FIELDS, GEORGE
4001 S.W. 47TH ST.
SUITE 201
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ DATE: _____
Signature typed or printed name of registered agent (FEI) if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fields, George	1.2 NAME	
STREET ADDRESS	4011 SW 47 Ave., Suite 1101	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Alan	2.2 NAME	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	2.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lodin, Scott	3.2 NAME	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	3.4 CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malahias, Angelo C.	4.2 NAME	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	4.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hahn, Elliot	5.2 NAME	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	5.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chen, Chih-Ming	6.2 NAME	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	6.4 CITY-ST-ZIP	

600001787806
-04/21/96--01002--009
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)