


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 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 # 543020 1. Corporation Name MELDISCO K-M MIAMI, FLA., INC.		(2)	
Principal Place of Business 14091 SW 68TH ST MIAMI FL 33186 US		Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430-2045	

2446



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/16/1977		3a. Date of Last Report 05/01/1996	
				4. FEI Number 22-2166257		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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			
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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 applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	PAKOFF, MARTIN				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	WOJNO, THOMAS				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SHEPARD, JEFFREY				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PALIZZI, ANTHONY				
STREET ADDRESS	3100 W.BIG BEAVER				
CITY-ST-ZIP	TROY MI				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	KAKAR, MANOHAR				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		RANDALL S. PROFFITT			
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME		MAUREEN RICHARDS			
6.3 STREET ADDRESS		933 MAC ARTHUR BLVD.			
6.4 CITY-ST-ZIP		MAHWAH, N.J. 07430			

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: *[Signature]* SIGNATURE REQUIRED

JAN 13 1997

(201) 934-2000

CR2E034 (9/96)