

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 573070 (0)  
1. Corporation Name  
MALKA, INC.



Principal Place of Business Mailing Address  
P.O. BOX 15817 P.O. BOX 15817  
WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416

|                                |  |                          |  |  |  |                              |  |
|--------------------------------|--|--------------------------|--|--|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address      |  | 3. Date Incorporated or Qualified  |  | 3a. Date of Last Report      |  |
| 21 SAME                        |  | 26 10243 Boca Springs Dr |  | 05/22/1978   |  | 08/10/1995                   |  |
| 22 Suite, Apt #, etc.          |  | 27 Suite, Apt #, etc.    |  | 4. FEI Number  |  | Applied For                  |  |
| 23 City & State                |  | 28 Boca                  |  | 59-1926878   |  | Not Applicable               |  |
| 24 Zip                         |  | 29 33428                 |  | 5. Certificate of Status Desired   |  | 8.75 Additional Fee Required |  |
| 25 Country                     |  | 30 PB                    |  | 6. Election Campaign Financing Trust Fund Contribution                                 |  | 5.00 May Be Added to Fees    |  |
|                                |  |                          |  | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes |  | Yes No                       |  |

9. Name and Address of Current Registered Agent

GOLDSTEIN, GARY S  
2325 GREENBRIER DR.  
DELRAY FL 33445

10. Name and Address of New Registered Agent

|   |      |             |
|---|------|-------------|
| 81 Name   | SAME |             |
| 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

*[Signature]*

Signature of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PT                   | 1.1 TITLE   |  |
| NAME                       | GOLDSTEIN, GARY S    | 1.2 NAME  |  |
| STREET ADDRESS             | 2325 GREENBRIER DR.  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DELRAY FL 33445      | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VS                   | 2.1 TITLE   |  |
| NAME                       | GOLDSTEIN, BARBARA L | 2.2 NAME  |  |
| STREET ADDRESS             | 2325 GREENBRIER DR.  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DELRAY FL 33445      | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)