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Apr 29 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 # L57248 1. Corporation Name VARDA CO.		

Principal Place of Business 88 S.W. So. River Dr. Miami, Florida 33130	Mailing Address 88 S.W. So. River Dr. Miami, Florida 33130
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2. Principal Place of Business 21 2840 Taylor St. #28 Suite, Apt. #, etc. #28 City & State 23 Hollywood, Fl. Zip 24 33020		2a. Mailing Address 26 2840 Taylor Street 28 Suite, Apt. #, etc. #28 City & State 28 Hollywood, Fl. Zip 29 33020		3. Date Incorporated or Qualified 03/09/90		3a. Date of Last Report 01/18/96	
		4. FEI Number Applied For <input checked="" type="checkbox"/> 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	
25 USA		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Varda Salman 88 S.W. So. River Dr. Miami, Florida				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2840 Taylor Street 83 #28 84 City Hollywood			
				85 Zip Code FL 33020			

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 TITLE: Varda Salman <input type="checkbox"/> DELETE NAME: 88 S.W. So. River Dr. STREET ADDRESS: Miami, Florida 33130 CITY-ST-ZIP:				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2840 Taylor Street, #28 1.4 CITY-ST-ZIP Hollywood, Florida 33020			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 contained 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 of changed, or in an attachment with an address.

SIGNATURE: *Varda Salman* **04-29-97** **954-925-3963**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)