FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L95730 (2)

1. Corporation Name

WORDS FROM THE WOMB, INC.

Principal Place of Business	Mailing Address
2654 N.W. 21ST TERR MIAMI FL 33142 US	2658 N.W. 21ST TERR MIAMI FL 33142 US

2. Principal Place of Business
[21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address
[26] 2654 N.W. 21st Terrace
Suite, Apt. # etc. [27]
City & State [28] MiAMi Fla
Zip [29] 33142 Country [30] DADE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0218531 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required
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 [X] No

9. **Name and Address of Current Registered Agent**

PERSLRES, ROBERT
2801 UNIVERSITY DRIVE #205
CORAL SPRINGS FL 33065

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 ______ 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	PD	[ ] DELETE
NAME	AKIBA MARGARET	
STREET ADDRESS	1855 N.E. 193 ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VST	[ ] DELETE
NAME	PRISANT, NADIA ZARKIK	
STREET ADDRESS	4400 PALM LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nadia Prisant (NADIA PRISANT Vice Pd) 04-04-96 (305)634-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #