


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004900
 1. Entity Name
 OLGA AND DAVID MELIN FOUNDATION, INC.



Principal Place of Business
 1800 NE 114TH ST, #1709
 MIAMI, FL 33181

Mailing Address
 3551 NW 116TH STREET
 MIAMI, FL 33167

DO NOT WRITE IN THIS SPACE



02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1036928 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERK, ARTHUR J ESQ
 848 BRICKELL AVENUE SUITE 200
 MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELIN, OLGA
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY - ST - ZIP	MIAMI, FL 33181
TITLE	D
NAME	MELIN, DAVID
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY - ST - ZIP	MIAMI, FL 33181
TITLE	D
NAME	MELIN, GINA
STREET ADDRESS	1800 NE 114TH ST, #1709
CITY - ST - ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000114652
 04/15/04-80053-008 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Melin* 4/06/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #