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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000010348 (9)

1. Corporation Name
QUATRUM, INC.

Principal Place of Business

3414 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

Mailing Address

3414 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5701

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

GOLDMAN, GARY B
2630 N.E. 203RD ST.
SUITE 103
NORTH MIAMI BEACH FL 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by me. 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP MAJZNER, DOMINIQUE	<input type="checkbox"/> DELETE	1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP
NAME	3289 N.W. 28TH COURT BOCA RATON FL 33434		2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP
STREET ADDRESS			3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP
CITY-ST-ZIP			4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP
TITLE	DS CAPUANO, EVA	<input type="checkbox"/> DELETE	5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP
NAME	832 N.E. 208 ST. NORTH MIAMI BEACH FL		6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP
STREET ADDRESS			7. NAME 7. STREET ADDRESS 7. CITY-ST-ZIP
CITY-ST-ZIP			8. NAME 8. STREET ADDRESS 8. CITY-ST-ZIP
TITLE	DV CAPUANO, ISAAC	<input type="checkbox"/> DELETE	9. NAME 9. STREET ADDRESS 9. CITY-ST-ZIP
NAME	832 N.E. 208 ST. NORTH MIAMI BEACH FL 33179		10. NAME 10. STREET ADDRESS 10. CITY-ST-ZIP
STREET ADDRESS			11. NAME 11. STREET ADDRESS 11. CITY-ST-ZIP
CITY-ST-ZIP			12. NAME 12. STREET ADDRESS 12. CITY-ST-ZIP
TITLE	DT IRWIN, MAJZNER	<input type="checkbox"/> DELETE	13. NAME 13. STREET ADDRESS 13. CITY-ST-ZIP
NAME	3289 NW 26TH CT BOCA RATON FL		14. NAME 14. STREET ADDRESS 14. CITY-ST-ZIP
STREET ADDRESS			15. NAME 15. STREET ADDRESS 15. CITY-ST-ZIP
CITY-ST-ZIP			16. NAME 16. STREET ADDRESS 16. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	17. NAME 17. STREET ADDRESS 17. CITY-ST-ZIP
NAME			18. NAME 18. STREET ADDRESS 18. CITY-ST-ZIP
STREET ADDRESS			19. NAME 19. STREET ADDRESS 19. CITY-ST-ZIP
CITY-ST-ZIP			20. NAME 20. STREET ADDRESS 20. 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 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:

Dominique Majzner

Dominique Majzner

FILED
Jan 17 1997 8:00am
Secretary of State



CR2E034 (9/96)

1-2-97 954-142-3336
Date Daytime Phone #
0144453