


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 93000016159

1. Corporation Name

MAJOR BUTTONS, INC.


Principal Place of Business 2206 Hollywood Blvd Hollywood, FL 33020	Mailing Address 2206 Hollywood Blvd. Hollywood, FL 33020
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3. Date Incorporated or Qualified 03/03/1993	3a. Date of Last Report
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21. Principal Place of Business 4109 NW 135 St.	22. Suite, Apt. #, etc.	26. Mailing Address 4109 NW 135 St.	27. Suite, Apt. #, etc.	4. FEI Number 65-0392102	Applied For <input type="checkbox"/> Not Applicable	
23. City & State Miami, FL	24. Zip 33054	28. City & State Miami, FL	29. Zip 33054	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
25. Country Dade	30. Country Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No						

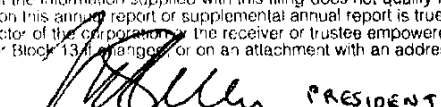
9. Name and Address of Current Registered Agent Ross Manella, Esq. 2206 Hollywood Blvd. Hollywood, FL 33020	10. Name and Address of New Registered Agent 81. Name Jeffrey A. Sarrow, P.A. 82. Street Address (P.O. Box Number is Not Acceptable) 300 S. Pine Island Road 83. Suite Suite 304 84. City Plantation FL 85. Zip Code 33324
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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: **4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/Sec/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michael Sloan		1.2 NAME Michael Sloan	
STREET ADDRESS 4109 NW 135 St		1.3 STREET ADDRESS 4109 NW 135 St.	
CITY-STATE-ZIP Miami, FL 33054		1.4 CITY-STATE-ZIP Miami, FL 33054	
TITLE VP/S/Dir.	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Norman Smiley		2.2 NAME Howard Melamed	
STREET ADDRESS 4109 NW 135 St		2.3 STREET ADDRESS 2423 University Dr.	
CITY-STATE-ZIP Miami, FL 33054		2.4 CITY-STATE-ZIP Coral Springs, FL 33365	
TITLE VP/Treas/Dir	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gerald Smiley		3.2 NAME Sid Kopperl	
STREET ADDRESS 4109 NW 135 St		3.3 STREET ADDRESS 2423 University Dr.	
CITY-STATE-ZIP Miami, FL 33054		3.4 CITY-STATE-ZIP Coral Springs, FL 33365	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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; 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, or on an attachment with an address.

SIGNATURE:  PRESIDENT DATE: **4-28-97** DAYTIME PHONE #: **305-685-4770**
MICHAEL SLOAN

CR2E034 (9/96)