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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031161 (9)

1. Corporation Name

MELBRAN, INC.



Principal Place of Business

5820 MIAMI LAKES DRIVE
MIAMI FL 33014

Mailing Address

5820 MIAMI LAKES DRIVE
MIAMI FL 33014

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EINSTEIN, BERNARD ESQ.
17071 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME AGER, RONALD
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME SILVERMAN, GAIL
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME EINSTEIN, KATHIE
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FISHER, MONA
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME AGER, JOHN
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BLECHMAN, NANCY
STREET ADDRESS 5820 MIAMI LAKES BLVD.
CITY-ST-ZIP MIAMI FL 33014

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD AGER

2/14/96

305-556-4601

Date

Daytime Phone #

CR2E034 (12/95)