

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000039500 (0)
 1. Corporation Name
MALBOT, INC.



Principal Place of Business 6363 N.W. 6TH WAY, SUITE 210 FT. LAUDERDALE FL 33309	Mailing Address 6363 N.W. 6TH WAY, SUITE 210 FT. LAUDERDALE FL 33309-6136
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3. Date Incorporated or Qualified 05/18/1995	3a. Date of Last Report 05/10/1996
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2. Principal Place of Business 21 537 COCONUT ISLE	2a. Mailing Address 26 537 COCONUT ISLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State FT. LAUD FL	28 City & State FT. LAUD FL
24 Zip 33301	25 Country BROWARD
29 Zip 33301	30 Country BROWARD

4. FEI Number 59-3319290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TAYLOR, MITCHELL L
 6363 N.W. 6TH WAY, SUITE 210
 FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PS, D	<input type="checkbox"/> DELETE
NAME	POSTASY, RUDOLF	
STREET ADDRESS	6363 N.W. 6TH WAY., #210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUMR, KRISTINA	
STREET ADDRESS	6363 N.W. 6TH WAY., #210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MITCHELL L	
STREET ADDRESS	6363 N.W. 6TH WAY., #210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TIBOR, TOTI	
STREET ADDRESS	6363 NW 6TH WAY #210	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE	TIBORNE, TOTI, VP	<input type="checkbox"/> DELETE
NAME	TIBORNE, TOTI, VP	
STREET ADDRESS	6363 NW 6TH WAY #210	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pres. TOTI, TIBOR
4.3 STREET ADDRESS	6363 NW 6TH WAY #210
4.4 CITY-ST-ZIP	FT. LAUD. FL. 33309
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOTI, TIBORNE VP
5.3 STREET ADDRESS	6363 NW 6TH WAY #210
5.4 CITY-ST-ZIP	FT. LAUD. FL. 33309
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **Toti Tibor** PRES. Date: **3-18-97** Daytime Phone # _____

CR2E034 (9/96)