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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000007654 (2)
1. Corporation Name
HODA, INC.



Principal Place of Business: 11440 OKEECHOBEE BLVD., STE. 218 ROYAL PALM BEACH FL 33411
Mailing Address: 11440 OKEECHOBEE BLVD., STE. 218 ROYAL PALM BEACH FL 33411-8726

2. Principal Place of Business: 21 1027 N. SR #7
22 City & State: MARABATE FL
23 Zip: 33067 Country: FLORIDA
24 25
2a. Mailing Address: 26 10271 N. SR #7
27 City & State: PLANTATION FL
28 Zip: 33322 Country: FLORIDA
29 30

3. Date Incorporated or Qualified: 01/22/1996
3a. Date of Last Report
4. FEI Number: 62-0619119 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD., STE. 218
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name: GERALD L. MARCUS
82 Street Address (P.O. Box Number is Not Acceptable): 10531 NW 13 COURT
83 City: PLANTATION, FL
84 City: FL 85 Zip Code: 33322

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: Gerald Marcus
Signature typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)
DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	Pres	<input type="checkbox"/> DELETE
NAME	Saeid Dianat	
STREET ADDRESS	1027 N. SR #7	
CITY-ST-ZIP	MARABATE FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(l), 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: Saeid Dianat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/96)