

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054913 (4)

1. Corporation Name
MEDAN, INC.

Principal Place of Business
1012 BEL AIR DRIVE
HIGHLAND BEACH FL 33487

Mailing Address
1012 BEL AIR DRIVE
HIGHLAND BEACH FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0678942	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

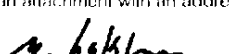
9. Name and Address of Current Registered Agent HAKIM, NILI 1012 BELL AIR DRIVE HIGHLAND BEACH FL 33487				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 Zip Code

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  (NOTE: Registered Agent signature required when reinstating) DATE 2/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	DVP
NAME	HAKIM, MORRIS M	12 NAME	
STREET ADDRESS	1012 BELL AIR DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D/P
NAME	HAKIM, NILI	22 NAME	
STREET ADDRESS	1012 BELL AIR DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	D/S
NAME	HAKIM, ANAT	32 NAME	HAKIM ANAT
STREET ADDRESS	170 W. 75TH ST., #1201	33 STREET ADDRESS	1107 GARFIELD ST.
CITY-ST-ZIP	NEW YORK NY 10023	34 CITY-ST-ZIP	MADISON, VT 53711
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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:  / MORRIS M. HAKIM DATE: 2/5/98 (56) 736-7331

CR2E034 (10/97)