

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

98 MAR 19 PM 3:40

DOCUMENT # V57446 (9)  
1. Corporation Name  
MALEKA, INC. REINSTATEMENT 96-98

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
7532 NW 8 STREET MIAMI FL 7532 NW 8 STREET MIAMI FL

3. Date Incorporated or Qualified 08/14/1992	3a. Date of Last Report 01/02/1996
4. FEI Number 65-0349828	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 type="checkbox"/> No	

2. Principal Place of Business 21 3178 CORAL WAY Suite, Apt. #, etc. 22 MIAMI City & State 23 Florida Zip 24 33145 Country 25 DADE	2a. Mailing Address 26 3178 CORAL WAY Suite, Apt. #, etc. 27 MIAMI City & State 28 Florida Zip 29 33145 Country 30 DADE
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9. Name and Address of Current Registered Agent LIMA, MARTHA 7532 NW 8 STREET MIAMI FL	10. Name and Address of New Registered Agent 81 Name MARTHA LIMA 82 Street Address (P.O. Box Number is Not Acceptable) 3178 CORAL WAY 83 84 City MIAMI FL 85 Zip Code 33145
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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 *Muef* DATE 02/02/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIMA, MARTHA 7532 NW 8 STREET MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002467242-6 -03/24/98--01106--009-6 ***1050.00 <input type="checkbox"/> ***1050.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTHA LIMA CHARLON 7725 NW 192 ST. MIAMI FL 33015 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A. Alan 3/19/98
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muef* 02/02/98 (305) 373-4685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)