

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

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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 626709 (0)

1. Corporation Name
LUDLUM CORPORATION



Principal Place of Business % JOSE PORTNOY, CPA 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD STE 705 CORAL GABLES FL 33134-3042 US
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3. Date Incorporated or Qualified 06/19/1979	3a. Date of Last Report 04/11/1996
4. FEI Number 59-1918635	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 999 Ponce de Leon Blvd	2a. Mailing Address 26
Suite, Apt. #, etc. 22 SUITE 705	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL	City & State 28
Zip 24 33134	Country 25 USA
	29
	30

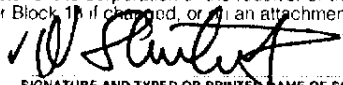
9. Name and Address of Current Registered Agent FERNANDEZ, HERMINIA CPA 999 PONCE DE LEON BLVD SUITE 705 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHULEVITZ, WILLIAM		1.2 NAME	
STREET ADDRESS 4747 COLLINS AVE #1008		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL 3		1.4 CITY-ST-ZIP	
TITLE DVPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHULEVITZ, DEBORAH		2.2 NAME	
STREET ADDRESS 4747 COLLINS AVE #1008		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH, FL 3		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHULEVITZ, MICHAEL		3.2 NAME	
STREET ADDRESS 4747 COLLINS AVE #1008		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHULEVITZ, JUDITH		4.2 NAME	
STREET ADDRESS 4747 COLLINS AVE., #1008		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH. FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:  **WILLIAM SHULEVITZ, Pres.** 1/6/97 305-448-1648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)