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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005030 (9)

CHA-CHA-CHA, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Pla	or of Business	Molling Add									
Principal Place of Business Mailing Address 3320 ST. CHARLES CIRCLE BOCA RATON FL 33434 BOCA RATON FL 33434-5344											
							3. Date Incorporated or Qualified 01/11/1994		ate of Last 26/1996		
2. Principal i	Place of Business	2a, Mailing A	Mailing Address				4. FEI Number	Applied For			
21		26		•••			65-0467825			Not Applicab	
Suite, Apt	t #, etc.	ļ <u>-</u>	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	ate	City & Sta	ite				6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country Zip			30 Co.	Country 8. This corporation has liability for						
	g. Name and Address of Cu		nt	-1271			10. Name and Address of New Re				
BC	OVA, ANTHONY				81	Name					
3320 ST. CHARLES CIRCLE BOCA RATON FL 33434					82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
	OUN IMION IE GOTOT				В3				A-A		
					84	City		FL	85 Zig	Code	
11. Pursuan office or	it to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Fi	lorida Statu	tes, the a	bove id by	named corporate	poration submits this statement for the plants board of directors. I hereby acce		changing cintment a	its registere is registered	
agent i SIGNATURE		bilgations of, Section 6	ין, כטכט. וענ	iorida Sta	tutes	i.					
SIGNATORIL	Myriature, typed or printed name of registere		(NO	TE Registere	d Age	ni signature requi	red when reinstating)	DATE			
12.		AND DIRECTORS	1 pri tyr	13,			ADDITIONS/CHANGES TO OFFICE	CERS AND			
TITLE	D BOVA, ANTHONY	L	DELETE	1,1 11		1			Change	L Addition	
NAME OTOTAL ADDRESS	AND OF CHARLES OF CHARLE	F .		1.2 N		*DODECE					
STREET ADDRESS	BOCA RATON FL 33434	An-				ADDRESS					
CHTY-SI-ZIP TITLE	DOOM WHOM I'L GOTOT		DELETE	2.1 7	ITY-S	1-218			Change	Additio	
NAME				22 N]					
STREET ADDRESS	3					ADDRESS					
CITY-ST-ZIP				1		ST-ZIP					
TITLE			DELETE	3.1 T					Change	Additio	
NAME	Į			3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY+ST-ZIP				3.4. (CITY-S	ST-ZIP					
TITLE			DELETE	4.1 T	ITLE			-	Change	Addition	
NAME				4. 2 1	NAME						
STREET ADDRESS	s (4.3 \$	TREET	ADDRESS					
CITY - ST - ZIP					ITY-S	T-ZIP					
TITLE			DELETE	5.1 T	ITLE				Change	Additii	
NAME				5.2 N	IAME	1					
STREET ADDRESS	S			535	TREET	ADDRESS					
CITY-ST-ZiF				540	HTY-S	T-ZIP					
TITLE			DELETE	6.1 T	ITLE				Change	Addition	
NAME				6.2 N	IAME						
STREET ADDRESS	s			6.3 S	TREET	ADDRES\$					
CHTY-ST-ZIP				6.4 0	ITY-S	T-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 connoration or the reneiver 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 changes for on an attachment with an address.

SIGNATURE: