


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

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Apr 11 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 # S78256 (2)			
1. Corporation Name CARMA'S DANCE CREATIONS, INC.			
Principal Place of Business 455 LAKEVIEW DR #3 FT. LAUDERDALE FL 33326 US		Mailing Address 455 LAKEVIEW DR. #3 FT. LAUDERDALE FL 33326-2486 US	
2. Principal Place of Business 21 78 GABLES BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 78 GABLES BLVD Suite, Apt. #, etc.	
22 City & State Fort Lauderdale FL		27 City & State Fort Lauderdale FL	
23 Zip 33326		28 Country USA	
24		29	
9. Name and Address of Current Registered Agent TORRES, RONALD R 1880 N. UNIVERSITY DR. PLANTATION FL 33322			
10. Name and Address of New Registered Agent 61 Name CARMA LEE GALLO N/A 62 Street Address (P.O. Box Number is Not Acceptable) 78 GABLES BLVD 63 64 City Fort Lauderdale FL 65 Zip Code 33326			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 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)(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: <i>Carma Lee Gallo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)