

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra D. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 AUG. -4 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J63630 (4)

1. Corporation Name

LITTLE DRAGON DANCEWEAR, INC.

Principal Place of Business

Mailing Address

8415 PINES BLVD.
 PEMBROKE PINES FL 33024
 US

8415 PINES BLVD.
 PEMBROKE PINES FL 33024
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/18/1987

07/29/1994

4. FEI Number

59-2808756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, LINDA
 8415 PINES BLVD.
 PEMBROKE PINES FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

TITLE PD
 NAME SANCHEZ, LOUIS
 STREET ADDRESS 300 PALM CIRCLE W #303
 CITY - ST - ZIP MIRAMAR FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 391 S.W. 95 Terr.
 1.4 CITY - ST - ZIP Pembroke Pines, FL 33025

TITLE ST
 NAME SANCHEZ, LINDA
 STREET ADDRESS 300 PALM CIRCLE W #303
 CITY - ST - ZIP MIRAMAR FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 391 S.W. 95 Terr.
 2.4 CITY - ST - ZIP Pembroke Pines, FL 33025

TITLE V
 NAME SMART, CHARLES
 STREET ADDRESS 300 PALM CIRCLE W #303
 CITY - ST - ZIP MIRAMAR FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 391 S.W. 95 Terr.
 3.4 CITY - ST - ZIP Pembroke Pines, FL 33025

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

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 110.07(3)(b), 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:

Linda Sanchez

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

7/29/95

Date

(305) 437-3122

(Type in Phone #)

CR2E034 (3/95)