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FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001480 (0)

1. Corporation Name

KUUMBA/CREATIVITY, INC.



Principal Place of Business

Mailing Address

14701 N.W. 27TH AVENUE  
OPA LOCKA FL 3305414701 N.W. 27TH AVENUE  
OPA LOCKA FL 33054-33503. Date Incorporated or Qualified  
03/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, BONNIE R  
14701 N.W. 27TH AVENUE  
OPA LOCKA FL 33054

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 617.0502 and 617.1508, 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 617.0503, 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	CD	<input type="checkbox"/> DELETE
NAME	SIMS, BONNIE R	
STREET ADDRESS	1300 N.W. 1978TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	JACKSON, MARY R	
STREET ADDRESS	740 N.W. 207TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, KAREN	
STREET ADDRESS	1244 N.W. 55TH ST.	
CITY-ST-ZIP	MIAMI FL 33054	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAH, DELORES PARLIAM	
STREET ADDRESS	1155 N.W. SHEAR AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	COLEMAN, DELORIS	
STREET ADDRESS	1155 N.W. SHEAR AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNCH, FREEMAN DR.	
STREET ADDRESS	1295 N.W. 167TH ST.	
CITY-ST-ZIP	MIAMI FL 33147	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-97 305654-9214

Date

Daytime Phone # 00249/7

CR2E037 (9/96)