SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

0004223

DOCUMENT # N97000006536 (3)

1. Corporation Name

DREAM MAKERS MODEL & DANCE STUDIOS, INC.

Principal Place of Business:
5261 NW 180TH TERR
MIAMI FL 33055

Mailing Address:
5261 NW 180TH TERR
MIAMI FL 33055

3. Date Incorporated or Qualified
11/17/1997

4. FEI Number
65-0795294
[ ] 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.

7. Is this nonprofit corporation a homeowners association? [ ] Yes [✓] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [✓] No

2. Principal Place of Business
21 151 N.W. 60 STREET
Suite, Apt. #, etc.
22 C3
City & State
23 MIAMI FL
Zip
24 33127
Country
25 U.S.A.

2a. Mailing Address
26 1440 NE 143 Street
Suite, Apt. #, etc.
27
City & State
28 N.MIAMI
Zip
29 33161
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

ASBERRY, CHERISE
895 NW 213RD LANE #203
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name ROSE MARIE JEAN
82 Street Address (P.O. Box Number is Not Acceptable) 42308 FISHER ISLAND DRIVE
83
84 City FISHER ISLAND FL 85 Zip Code 33109

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: ROSE MARIE JEAN / TREASURER — Rose Marie Jean (NOTE: Registered Agent signature required when translating) — 9-21-98 DATE
Signature, Typed or Printed Name of Officer, Director or Trustee (if applicable)

12. OFFICERS AND DIRECTORS

TITLE	D	[✓] DELETE
NAME	AYALA, MARIO	
STREET ADDRESS	1321 NW 200 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	[ ] DELETE
NAME	HARRIS, NORFLETT E	
STREET ADDRESS	1475 E AVENUE #61	
CITY-ST-ZIP	ROCHESTER NY 14610	
TITLE	D	[ ] DELETE
NAME	MOORE, ELLA M	
STREET ADDRESS	19620 NW 6TH PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	[✓] DELETE
NAME	LEE, LEROY	
STREET ADDRESS	1131 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	[✓] Change [✓] Addition
1.2 NAME	DANNY MOORE	
1.3 STREET ADDRESS	19620 NW 6 PLACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33169	
2.1 TITLE	D	[✓] Change [ ] Addition
2.2 NAME	HARRIS, NORFLETT E.	
2.3 STREET ADDRESS	1475 E. AVENUE # C1	
2.4 CITY-ST-ZIP	ROCHESTER N.Y. 14610	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	[ ] Change [✓] Addition
4.2 NAME	ELLA MAE SAWYER	
4.3 STREET ADDRESS	1046 SHARAR AVENUE	
4.4 CITY-ST-ZIP	MIAMI, FL 33054	
5.1 TITLE	PD	[ ] Change [✓] Addition
5.2 NAME	HELENE STANGE	
5.3 STREET ADDRESS	1440 N.E. 143 Street	
5.4 CITY-ST-ZIP	N. MIAMI, FL 33161	
6.1 TITLE	D	[ ] Change [✓] Addition
6.2 NAME	RONNIE A. MOORE	
6.3 STREET ADDRESS	5252 NW 12 AVE	
6.4 CITY-ST-ZIP	MIAMI, FL 33127	

CR2E037 (5/98)

14. I 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: H. Stange — 09-20-98 — (305)957-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #