

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000002636 (6)

1. Corporation Name

DANCE MOVEMENTS STUDIO INC.



Principal Place of Business

P.O. BOX 19-1867
MIAMI BEACH FL 33119

Mailing Address

P.O. BOX 19-1867
MIAMI BEACH FL 33119

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
08/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

PELLERIN, MICHAEL
260 COLLINS AVE.
#2
MIAMI BEACH FL 33139

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 607.0602 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 below of registered agent and the corporation

DATE Registered Agent Signature Required When Submitting

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CARVALHO, MICHELE	
STREET ADDRESS	11560 S.W. 125TH ST.	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	D	DELETE
NAME	PELLERIN, MICHAEL	
STREET ADDRESS	5255 COLLINS AVE. L-1	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
2. TITLE	Change	Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
3. TITLE	Change	Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
4. TITLE	Change	Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
5. TITLE	Change	Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE	Change	Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Michael Pellerin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 2326237
Date Date of Filing

CR2E034 (12/95)