


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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071311 (1)

1. Corporation Name
MANTA RAY CRAFTS, INC.

Principal Place of Business
850 NE THIRD ST., STE. 101
DANIA FL 33004

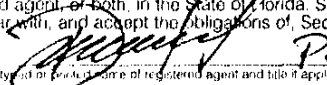
Mailing Address
850 NE THIRD ST., STE. 101
DANIA FL 33004-9417



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1995		3a. Date of Last Report 04/16/1996	
21 Suite, Apt. #, etc.		26 7001 NW 16TH ST		4. FEI Number 65-0616239		Applied For Not Applicable	
22 City & State		27 # 315A		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 PLANTATION FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 33313		30 FLORIDA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORBERG, GARD E 101 SE THIRD AVE., APT. 505 DANIA FL 33004				81 Name NORBERG, PER DANIEL			
				82 Street Address (P.O. Box Number is Not Acceptable) 7001 NW 16TH ST. #315A			
				83			
				84 City Plantation, FL 85 Zip Code 33313			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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  PD 4.28.97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, PER DANIEL			1.2 NAME	NORBERG, PER DANIEL		
STREET ADDRESS	1725 N 16TH AVE #203			1.3 STREET ADDRESS	7001 NW 16TH ST. #315A		
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP	PLANTATION, FL 33313		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, GARD E			2.2 NAME			
STREET ADDRESS	101 SE THIRD AVE., APT. 505			2.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			2.4 CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, GARD E			3.2 NAME	LIANG, TING LUNG		
STREET ADDRESS	101 SE THIRD AVE APT 505			3.3 STREET ADDRESS	461 OPIHIKAO PLACE		
CITY-ST-ZIP	DANIA FL			3.4 CITY-ST-ZIP	HONOLULU, HAWAII 96825		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG MERIK			4.2 NAME			
STREET ADDRESS	1725 N 16TH AVE #109			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, L PING			5.2 NAME	NORBERG, L PING		
STREET ADDRESS	1725 N 16TH AVE #203			5.3 STREET ADDRESS	7001 NW 16TH ST. #315A		
CITY-ST-ZIP	HOLLYWOOD FL			5.4 CITY-ST-ZIP	PLANTATION, FL 33313		
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBERG, LINGKAI			6.2 NAME			
STREET ADDRESS	1725 16TH AVE #109			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			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:  4.28.97 954 941 5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)