FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # **K93921** **(0)**

1. Corporation Name

PARTY BROKERS, INC.

Principal Place of Business	Mailing Address
8215 NW 64TH ST BAY #8 MIAMI FL 33166	8215 NW 64TH ST BAY #8 MIAMI FL 33166

3. Date Incorporated or Qualified: **06/08/1989**
3a. Date of Last Report: **09/27/1995**

2. Principal Place of Business — 21: 6080 N.W. 84 Ave; 22: Suite, Apt. #, etc.; 23: City & State: Miami, Fl; 24: Zip: 33166; 25: Country: U.S.A.

2a. Mailing Address — 26: 6080 N.W. 84 Ave; 27: Suite, Apt. #, etc.; 28: City & State: Miami, Fl; 29: Zip: 33166; 30: Country: U.S.A.

4. FEI Number: **65-0172775** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAMOND, ALBERT D., ESQ.
444 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GOMEZ, MANUEL D.		1.2 NAME	GOMEZ, MANUEL D.	
STREET ADDRESS	8215 NW 64TH STREET #8		1.3 STREET ADDRESS	6080 N.W 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	GOMEZ, YAMIL A.		2.2 NAME	GOMEZ, YAMILE A.	
STREET ADDRESS	8215 NW 64TH STREET #8		2.3 STREET ADDRESS	6080 N.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	S	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	DIAMOND, ALBERT D		3.2 NAME	DIAMOND, ALBERT D.	
STREET ADDRESS	444 BRICKELL AVE #1000		3.3 STREET ADDRESS	444 BRICKELL AVE Suite 1000	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME			4.2 NAME	GUILLERMO RODRIGUEZ	
STREET ADDRESS			4.3 STREET ADDRESS	4011 W. FLAGLER ST Suite 403	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed or on an attachment with an address.

SIGNATURE: _____ Manuel D. Gomez 3-22-96 (305)477-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #