FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L18930 (2)

1. Corporation Name
FIESTA PARTY RENTALS, INC.

Principal Place of Business
6135 LAKE WORTH RD
LAKE WORTH FL 33463
US

Mailing Address
3624 GEORGIA AVE
WEST PALM BEACH FL 33405
US

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3624 Georgia Ave
Suite, Apt. #, etc. 22
City & State 23 West Palm Beach FL
Zip 24 33405 Country 25 Palm Beach

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0151476 — 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
HAYNES, LORI
6135B LAKE WORTH ROAD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3624 Georgia Ave
83
84 City West Palm Beach FL 85 Zip Code 33405

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTTON, JANE E.	1.2 NAME	
STREET ADDRESS	503 5TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, LORI	2.2 NAME	
STREET ADDRESS	503 5TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 if changed or added by additional officers or directors.

SIGNATURE: X _____ 4/28/95 Date 895-0422 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lori Haynes

0044394 CP