

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

FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M41748 (8)

1. Corporation Name
We're Having A Party, Inc.

Principal Place of Business Mailing Address
7204 NW 79th Tr. 7204 NW 79th Tr.
Miami, FL 33166 Miami, FL 33166
US US

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 2a. Mailing Address
133 SW 128th St. 133SW 128th St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
2. City & State 2b. City & State
Miami, Florida Miami, Florida
3. Zip 3. Zip
33186 USA 33186 USA
4. Country 4. Country
USA USA

5. Date Incorporated or Qualified
11.17.86
6. FEI Number
59-2741734
7. Certificate of Status Desired \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fee
9. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Bailey, Martin & Associates
300 NW 183rd St.
Miami, FL 33169

10. Name and Address of New Registered Agent
11. Name
12. Street Address (P.O. Box Number is Not Acceptable)
13.
14. City FL 15. Zip Code

I, the undersigned, in compliance with 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS Y '98	
1. TITLE	11. TITLE	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	12. NAME	13. NAME	
3. STREET ADDRESS	13. STREET ADDRESS	14. STREET ADDRESS	
4. CITY-ST.-ZIP	14. CITY-ST.-ZIP	15. CITY-ST.-ZIP	
5. TITLE	21. TITLE	22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	22. NAME	23. NAME	
7. STREET ADDRESS	23. STREET ADDRESS	24. STREET ADDRESS	
8. CITY-ST.-ZIP	24. CITY-ST.-ZIP	25. CITY-ST.-ZIP	
9. TITLE	31. TITLE	32. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	32. NAME	33. NAME	
11. STREET ADDRESS	33. STREET ADDRESS	34. STREET ADDRESS	
12. CITY-ST.-ZIP	34. CITY-ST.-ZIP	35. CITY-ST.-ZIP	
13. TITLE	41. TITLE	42. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	42. NAME	43. NAME	
15. STREET ADDRESS	43. STREET ADDRESS	44. STREET ADDRESS	
16. CITY-ST.-ZIP	44. CITY-ST.-ZIP	45. CITY-ST.-ZIP	
17. TITLE	51. TITLE	52. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	52. NAME	53. NAME	
19. STREET ADDRESS	53. STREET ADDRESS	54. STREET ADDRESS	
20. CITY-ST.-ZIP	54. CITY-ST.-ZIP	55. CITY-ST.-ZIP	
21. TITLE	61. TITLE	62. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	62. NAME	63. NAME	
23. STREET ADDRESS	63. STREET ADDRESS	64. STREET ADDRESS	
24. CITY-ST.-ZIP	64. CITY-ST.-ZIP	65. CITY-ST.-ZIP	

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www.fso.org

SIGN HERE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(1), Florida Statutes, and 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 I were 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: Francine Powers 150 April 30th, 1998

CORPORATION (1/20/97)