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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002338 (1)

FLORIDA PARTY & TENT RENTALS, INC.

Principal Place of Business Mailing Address

FILED Apr 15 1998 8:00am Secretary of State

% SANTIAGO PEREZ 7425 NW 41ST ST. MIAMI FL 33166		% SANTIAGO PEREZ 7425 NW 41ST ST. MIAMI FL 33166		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1992		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	J	oplied For
21 Suite And Michael		26]		65-0367339		ot Applicable
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		_ ~ .
24	25]		90	Personal Property Tax due June 30.		□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DCDC7_CANTIACO 81 Name						
PEREZ, SANTIAGO						
	96 SW 1ST ST.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33134			83			
			84 City	#	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 .	Signature, typed or printed name of registered	agent and title if applicable. (NOTE.	Registered Agent signature req	pulred when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	PEREZ, SANTIAGO		1.2 NAME			
STREET ADDRESS	4636 SW 1ST ST.		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE	4. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	Change	☐ Addition
NAME	PEREZ, CARIDAD		2.2 NAME			
STREET ADDRESS	4636 SW 1ST ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		There exe	3.4. CITY-ST-ZIP			1 4 4 100
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NA ME			
STREET ADDRESS			4.3 STALET ADDRESS			l l
CITY-ST-ZIP		☐ DELETE	4.4 CIT - ST - ZIP 5.1 TITE		Change	Addition
TITLE NAME		C) DECEME	5.1 III II. 5.2 NAME		□ ∩ onange	L., Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TALE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
OHIT-SI-ZIF			9.7 U11 - 91 - 217	(O of 110 0=(0)() 5: 11 O o o o		

I 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 arrival report is true and accorate another 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.

(305) 888-8870