FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOMODOUSEESD (3)

DOCUN 1. Corporation	MENT # P9400	0035520 (3)			
	PARTY RENTAL SUPPLIES	INC.			
Principal Place	of Business	Mailing Address		0 100410001 030 10110 03041 00141 0014	i Maine Maisa tridi dinat dinik insir mais taut
7360 CORAL WAY SUITE 31 MIAMI FL 33155		7360 CORAL WAY SUITE 31 MIAMI FL 33155		Date Incorporated or Qualified	3a. Date of Last Report
				05/11/1994	05/01/1995
2. Principal Pla	ice of Business 025.W.705t.	2a. Mailing Address 26 / 4802 S. W	1. 705t.	4. FEI Number 65-0489206	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22		Cdy & State	 	♣ Flaction Compaign Figureign	\$5.00 May Be
City & State 23 Mia		City & State 28 /// G n1 /	Fla	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
<u>Ζ</u> φ	Country	Zip	Country	8. This corporation has liability for	
24 33193	3-1025 25	29 33193 -1025	30	Florida Statutes Yes 10. Name and Address of New I	s No
	g. Name and Address of Curren	it Registered Agent	81 Name /		redistated Agent
				aridad Pubio	
			82 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
7360 CORAL WAY			83	2006 411 -00	-+
			8025.W. 705		
MINAMI E	L 33133		84 City M	iami	FL 85 Zip Code 33/93~10.25
or rogistor	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was aufhörized	s, the above-named corpor d by the corporation's boar	ration submits this statement for the purid of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent		: Registered Agent signature require		DATE
12.	,	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
THILE	PD DUDIO IOCE C		1.2 NAME		
NAME 020ECL LIDEDEGG	RUBIO, JOSE G 14802 S.W. 70TH ST.		1.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33193		1.4 CITY - ST - ZIP		
CITY-ST-7IP TITLE	STD	[] DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	RUBIO, CARIDAD N	_	2 2 NAME		
STREET ADDRESS	14802 S.W. 70TH ST.		2 3 STREFT ADDRESS		
CITY - ST - ZIP	MIAMI FL 33193		2 4 CITY-ST-ZIP		
TOLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAMÉ		
\$TREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZiP		FT DE 616	3.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELE1E	4 1 TITLE		
NAME			4.2 NAME		
STHEFT ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY - ST - ZIP		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		-
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
T11LE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
l	1				

CITY-S1-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 supplierental 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. Carldad Aubio 2-15-96 (305) 386-8177 SIGNATURE: