

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000068441(2)

1. Corporation Name

MY DREAM PARTY INC.

Principal Place of Business

5037 SW 154 Place  
Miami, Florida 33185

Mailing Address

5037 SW 154 Place  
Miami, Florida 33185

3. Date Incorporated or Qualified

09-16-1994

3a. Date of Last Report

2. Principal Place of Business

21 5037 SW 154 Place

2a. Mailing Address

26 5037 SW 154 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

City & State

28 Miami, FL 33185

Zip

24 33185

Country

Zip

29

Country

30

4. FEI Number

65-0520246

Approved 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

CABRERA, SONIA  
14585 SW 173 St.  
Miami, Florida 33177

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
14585 SW 173 St.

83

84 City Miami, Florida

FL

85 Zip Code

33177

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CABRERA, SONIA  
STREET ADDRESS 14585 SW 173 St.  
CITY-ST-ZIP Miami, Florida 33177 ☐ DELETE

TITLE VD  
NAME HERRERA, MIGUEL A.  
STREET ADDRESS 5037 SW 154 Place  
CITY-ST-ZIP Miami, Florida 33185 ☐ DELETE

TITLE SD  
NAME CABRERA, ENRIQUE  
STREET ADDRESS 14585 SW 173 St.  
CITY-ST-ZIP Miami, Florida 33177 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14585 SW 173 St.  
Miami, Florida 33177

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001836469  
-05/23/96-01020-024  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E034 (12/95)