

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

FILED
 98 JUN 30 PM 5:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P94000077248 (0)
 1. Corporation Name
 THE PARTY FACTORY, INC.

Principal Place of Business Mailing Address
 10251 S.W. 1ST STREET 10251 S.W. 1ST STREET
 MIAMI FL 33174 MIAMI FL 33174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified
 10/20/1994

4. FEI Number
 65-0537984

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MENDEZ, FRADIQUE M
 10251 S.W. 1ST STREET
 MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 *Fradique M. Mendez* **FRADIQUE M. MENDEZ** PT 6/22/98
 Signature, typed or printed name of registered agent and title (if applicable) (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MENDEZ, DIANA I	
STREET ADDRESS	10251 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	MENDEZ, FRADIQUE M	
STREET ADDRESS	10251 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002583132--0
1.3 STREET ADDRESS	-07/08/98--01071--010
1.4 CITY-ST-ZIP	***1041.25 ***1041.25
2.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05/05/98 96485 out
6.3 STREET ADDRESS	\$150.00
6.4 CITY-ST-ZIP	DEP. \$158.75

14. 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 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: *Fradique M. Mendez* **FRADIQUE M. MENDEZ** 6/22/98 305-376-4515

CR2E034 (10/97)

REINSTATEMENT 95-98
 5/27-2/98