

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 98 JUN 30 PM 5:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0537984	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDEZ, FRADIQUE M 10251 S.W. 1ST STREET MIAMI FL 33174				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	200002583132--0			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, DIANA I		1.2 NAME	-07/08/98--01071--010			
STREET ADDRESS	10251 S.W. 1ST STREET		1.3 STREET ADDRESS	***1041.25 ***1041.25			
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-ST-ZIP	P/T			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TV	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	MENDEZ, FRADIQUE M		2.2 NAME				
STREET ADDRESS	10251 S.W. 1ST STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	05/05/98 96485 out			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	\$150.00			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

REINSTATEMENT 95-98
 5/27-2/98

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** 4/11/98 305-376-4515

CR2E034 (10/97)