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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078947 (5)

1. Corporation Name

RENTALS BY IMAGE PARTY DESIGN, INC.

Principal Place of Business

3721 W. HILLSBORO BLVD.
D-101
COCONUT CREEK FL 33073

Mailing Address

PO BOX 273159
BOCA RATON FL 33427-3159

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report
07/31/1996

2. Principal Place of Business

21 716 W. 29 H. Street

2a. Mailing Address

26 716 W. 29 H. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HIALEAH, FLORIDA

27

City & State

City & State

23 33012

28 HIALEAH, FLORIDA

Zip

Country

Zip

Country

24 USA

29 33012 30 USA

9. Name and Address of Current Registered Agent

QUESADA, ZAIDA
3721 W. HILLSBORO BLVD.
D-101
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

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

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 D ☐ DELETE
NAME QUESADA, ZAIDA
STREET ADDRESS 3721 W. HILLSBORO BLVD. D-101
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ DELETE
NAME QUESADA, JORGE
STREET ADDRESS 3721 W. HILLSBORO BLVD. D-101
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)