

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080369 (8)

1. Corporation Name

DANNY BALLOONS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE
SUITE E
MIAMI FL 33131

601 BRICKELL KEY DRIVE
SUITE E
MIAMI FL 33131

3. Date Incorporated or Qualified 10/19/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 DANNY BALLOONS INT.
Suite, Apt #, etc.

26 DANNY BALLOONS INT.
Suite, Apt #, etc.

4. FEI Number 65-06 22726
Applied For Not Applicable

22 21210 SAINT ANDREWS BLVD. SIDE 23A
City & State

27 21210 SAINT ANDREWS BLVD. SIDE 23A
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 BOCA RATON, FL.

28 BOCA RATON, FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33433
Zip Country

29 33433
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVILA, CARLOS E
601 BRICKELL KEY DRIVE
SUITE 3
MIAMI FL 33131

81 Name Danilo Koenig
82 Street Address (P.O. Box Number is Not Acceptable) 21210 St. Andrews Blvd Suite 23-A
83
84 City Boca Raton FL 85 Zip Code 33433

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]

06-24-96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KOENIG, DANILLO
STREET ADDRESS % 601 BRICKELL KEY DRIVE, SUITE E
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE VD
NAME ROMANO, SARA D
STREET ADDRESS % 601 BRICKELL KEY DRIVE, SUITE E
CITY-ST-ZIP MIAMI FL 33131 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-24-96

409-2959335

05/25/96

CR2E034 (3/96)