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04-20-1999 90247 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020919

1. Corporation Name
PARTY FESTA CORP.

Principal Place of Business	Mailing Address
14345 SOUTHWEST 57TH LANE SUITE 02 MIAMI FL 33183	14345 SOUTHWEST 57TH LANE SUITE 02 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/06/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For
21 13649 S.W. 26 STREET	26 13649 SW 26 STREET	65-0733234 ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Miami FL. 33175	City & State 28 Miami FL.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33175 25 DADE	Zip / Country 29 33175 30 DADE	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTANEDA, JOHNY
14345 SOUTHWEST 57TH LANE
SUITE 02
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: CASTANEDA, JOHNY
82 Street Address (P.O. Box Number is Not Acceptable): 13649 SW 26 STREET
83
84 City: MIAMI FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0503 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: X _____ JOHNY CASTANEDA 19 Jan 99
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	☐ DELETE
NAME	CASTANEDA, JOHNY R	
STREET ADDRESS	14345 SOUTHWEST 57TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	☐ DELETE
NAME	CASTANEDA, NANCY	
STREET ADDRESS	14345 SW 57TH LANE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ DELETE
NAME	PACHECO, RAUL R	
STREET ADDRESS	2821 NE NO. MIAMI BEACH BLVD. #03W	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
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 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, with all other like empowered.

SIGNATURE: X _____ JOHNY CASTANEDA 19 Jan 99 305 . 228 . 2796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)