

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

0574724

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90039 018 ***150.00

DOCUMENT # **P97000101811**

1. Corporation Name

A PARTY WITH US, INC.



Principal Place of Business

Mailing Address

~~9030 S.W. 28 STREET~~
~~MIAMI FL 33185~~

2824 SW 142 PL
MIAMI FL 33175

P O BOX 1252
MIAMI FL 33265-252
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0799371

Applied For

Not Applicable

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIA D

~~9030 S.W. 28 STREET~~
~~MIAMI FL 33185~~

81 Name

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

2824 SW 142 PL

83

84 City **MIAMI**

FL

85 Zip Code

33175

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GONZALEZ, JEFF**
CITY-ST-ZIP **8580 S W 28TH STREET**
MIAMI FL 33155

1.1 TITLE **DIRECTOR / VICE-PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JEFF GONZALEZ**
1.3 STREET ADDRESS **2824 SW 142 PL**
1.4 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GONZALEZ, MARIA D**
CITY-ST-ZIP **8580 S.W. 28 STREET**
MIAMI FL 33155

2.1 TITLE **DIRECTOR / PRES / SEC / TREAS** ☒ Change ☐ Addition
2.2 NAME **MARIA D. GONZALEZ**
2.3 STREET ADDRESS **2824 SW 142 PL**
2.4 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **DIRECTOR / VICE-PRESIDENT** ☐ Change ☒ Addition
3.2 NAME **JEFFREY GONZALEZ**
3.3 STREET ADDRESS **2824 SW 142 PL**
3.4 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Maria D. Gonzalez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 **305-551-7987**
Date Daytime Phone #

CR2E034 (11/98)