

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90001 030 \*\*\*150.00

DOCUMENT # P98000036132

1. Corporation Name

MANNY'S PARTY BUNDLES, INC.

Principal Place of Business

6301 SW 138TH PL  
MIAMI FL 33183

Mailing Address

6301 SW 138TH PL  
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

65-0830858

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

21 15261 SW 139 St.

2a. Mailing Address

26 15261 SW 139 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Miami, FL

City & State

28 Miami, FL

24

Zip

Country

33196

USA

29

Zip

33196

Country

USA

30

9. Name and Address of Current Registered Agent

PASARIN, ERIKA A  
6301 SW 138TH PL  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

Erika A. Pasarin

82

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

15261 SW 139 Street

83

84

City

Miami

FL

85 Zip Code

33196

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

Erika A. Pasarin

4/15/99

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 PTD ☒ DELETE

NAME PASARIN, MANUEL

STREET ADDRESS 6301 SW 138TH PL

CITY-ST-ZIP MIAMI FL 33183

TITLE SD ☒ DELETE

NAME PASARIN, ERIKA A

STREET ADDRESS 6301 SW 138TH PL

CITY-ST-ZIP MIAMI FL 33183

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

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 PTD Pasarin Manuel

1.3 STREET ADDRESS 15261 S.W. 139 St

1.4 CITY-ST-ZIP Miami, FL 33196

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SD PASARIN, ERIKA

2.3 STREET ADDRESS 15261 S.W. 139 St

2.4 CITY-ST-ZIP Miami, FL 33196

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:

Manuel Pasarin

4/15/99

305-378-9614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)