Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90078 011 ***158.75

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

DOCUMENT # P98000037951

1. Corporation Name

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LET'S PARTY USA CORP.

			_					
Principal Place	e of Business	Mailing Addres	ss			100110011101111111111111111111111111111		
7525 N.W. 8TH STREET		7525 N.W. 8TH STREET						
SUITE 201		SUITE 201				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33126		MIAMI FL 33126	MIAMI FL 33126			3. Date Incorporated or Qualifed		
						04/27/1998		1
2 Principal P	lace of Business	2a. Mailing Add	dress			4, FEI Number	App	lied For
21		26				65-0831132	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				\$8.75 Ac	dditional
. د د د د د د د د د د د د د د د د د د د		27	27			5. Certificate of Status Desired	_ Fee Req	uired
City & Stat		City & Stat	te			6. Election Campaign Financing	\$5.00 A	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year in		l
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agen	<u>t</u>	04		10. Name and Address of New Registered	Agent	
CAD	CIA, ANGELINA			81	Name			
	•			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
7525 N.W. 8TH STREET Suite 201				_				
				83				
MIM	MI FL 33126			84	City		85 Zip C	ode
						F		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flo	orida Statutes, the ange was authori	e above ized by	e-named corpo the corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its r pintment as reg	registerea istered
agent. I a	im familiar with, and accept the obl	ligations of, Section 60	7.0505, Florida S	Statutes		, , , , , , , , , , , , , , , , , , , ,	-	}
SIGNATURE								
	Signature, typed or printed name of registered				nt signature required		ND DIRECTOR	26 IN 12
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	P ANOTHER	, ⊔		.1 TITLE		(onange	
NAME								_
	GARCIA, ANGELINA		1	.2 NAME				_
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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 justice 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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

:QUIRED

Daytime Phone #