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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000095282

1. Corporation Name PARTY JAMZ INC.

Principal Place of Business 719 EUCLID AVENUE #5 MIAMI BEACH FL 33139

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

719 EUCLID AVENUE #5 MIAMI BEACH FL 33139

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90144 019 \*\*\*150.00



Applied For

Not Applicable

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/09/1998

65-08

4. FEI Number

City & State    City & State   City	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re			
Trust Fund Contribution Added to Fees  Zip Country Zip Country B. Trust Fund Contribution Added to Fees  2	2 2 2 2 2	27 City & State						·	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  NASH, DEAN A 719 EUCLID AVENUE \$5 MIAMI BEACH FL 33139  10. Name and Address of New Registered Agent  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 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. SIGNATURE  Supulina, typed up intent name of registered agent and ties if spicable. NOTE Registered Agent signature required when renetating to the provision of the purpose of changing its registered. SIGNATURE  Supulina, typed up intent name of registered agent and ties if spicable. NOTE Registered Agent signature required when renetating to the provision of the purpose of changing its registered. SIGNATURE  Supulina, typed up intent name of registered agent and ties if spicable. NOTE Registered Agent signature required with renetating to the property accept the appointment as registered. SIGNATURE TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 11 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  13. STREET ADDRESS  14. City	City & State	28						,	
3. Name and Address of Current Registered Agent  NASH, DEAN A 719 EUCLID AVENUE #5 MAMI BEACH FL 33139  14 City FL 85 Zip Code  15. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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 aminalize with, and accept the oblighonistor, 61 Sections 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and the state of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I aminalize with, and accept the oblighonistor, 50 Section 507.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  NASH, DEAN A  12 NASH, DEAN A  12 NASH, DEAN A  13. STREET ADDRESS  14. CITY ST. 2P  TIME  NASH, DEAN A  14. CITY ST. 2P  DELETE  21 TIME  DELETE  21 TIME  DELETE  22 NASE  23. STREET ADDRESS  24. CITY ST. 2P  Change  Change  Addition  Add		Country	Zip	Country	<b>y</b>	8. This corporation owes the current year			
9. Name and Address of Current Registered Agent  NASH, DEAN A 719 EUCLID AVENUE #5 MIAMI BEACH FL 33139  14 City  FL 85 Zip Code  15. Pursuant to the provisions of Sections 607.0502 and 607,1508, Florida Statules, 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 Statules, 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 Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and remained with, and accept the designations of, Section 807,0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered of city of the purpose of changing its registered agent and remained with and accept the designations of, Section 807,0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered of city of the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits and submits this statement for the purpose of changing its registered agent and submits and submits this statement for the purpose of changing its registered of city of the purpose of changing its registered agent and submits and submits this statement for the purpose of changing its registered agent and submits and submits this statement for the purpose of changing its registered agent and submits and submit	4	25 29 30				Torontal Tropolty Tax			
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THE FUCULD AVENUE #5 MIAMI BEACH FL 33139  11. Pursuant to the provisions of Sections 607 6502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of thorough its registared office or registared signet, or both, in the State of Provide, South charles was authorized by wa				81	Name			ļ	
MIAMI BEACH FL 33139  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Ficrida Statuties, the above-named corporation submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statuties the above-named corporation submite this statement for the purpose of changing its registered office or registered agent. In an amendation with an advance; the obligations of, Section 607 0505, Florida Statuties.  SIGNATURE    Continue	719 EUCLID AVENUE #5				82 Street Address (P.O. Box Number is Not Acceptable)				
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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and 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    12.									
11. Pursuant to the provisions 67 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effect 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, try, and accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE  Signature, try, and accept the obligations of, Section 607.0505, Florida Statutes.  (NOTE Respektived dyent deprivative when remaining)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME  NASH, DEAN A  719 EUCLID AVENUE \$5  13. STREET ADDRESS  DITY-ST-ZP  MIAMI BEACH FL 33139  DELETE  11. TIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LY NAME  23. STREET ADDRESS  DITY-ST-ZP  MIAMI BEACH FL 33139  DELETE  21. TIME  22. NAME  23. STREET ADDRESS  DELETE  31. TIME  33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  34. CITY-ST-ZP  TIME  34. CITY-ST-ZP  TIME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  32. NAME  33. STREET ADDRESS  CITY-ST-ZP  TIME  34. CITY-ST-ZP  TIME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  34. CITY-ST-ZP  TIME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  34. CITY-ST-ZP  TIME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  35. TIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  35. TIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE	MIAN	AI BEACH FL 33139		83	3				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Goard of oriectors. I nereby accept the appointment as registered agent, an affailiar with, and accept the obligations of, Section 607/5056, Fiorida Statutes.  Signifure, typed or printed numer of registered agent and title if epipiciable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  MASH, DEAN A  719 EUCLID AVENUE #5  MIAMI BEACH FL 33139  Interest Addition  NAME  STREET ADDRESS  OTTY-ST-ZIP  DELETE  31 TILLE  22 NAME  23 STREET ADDRESS  OTTY-ST-ZIP  DELETE  33 STREET ADDRESS  OTTY-ST-ZIP  DELETE  34 CITY-ST-ZIP  DELETE  43 TITLE  Change   Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Interest ADDRESS  OTTY-ST-ZIP  DELETE  31 TITLE  Change   Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Interest ADDRESS  OTTY-ST-ZIP  DELETE  31 TITLE  Change   Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Interest ADDRESS  OTTY-ST-ZIP  DELETE  41 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Interest ADDRESS  OTTY-ST-ZIP  Interest ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHA				04	City	F	FL   "   =		
Signature, lyaped or printed runer of regulared agent and task if applications. (NOTE: Regulared Agent suprature required when renstating)  T. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D NASH, DEAN A  719 EUCLID AVENUE #5  MIAMI BEACH FL 33139  14 CITY-ST-ZIP  ITTLE  DELETE  1.1 TITLE  1.2 TITLE  1.4 CITY-ST-ZIP  TITLE  1.4 CITY-ST-ZIP  TITLE  1.5 TITLE  1.5 TITLE  1.6 Change  Addition  Ad	office or re agent. I a	egistered agent, or both, in the State	of Florida. Such change was a⊔thor	ized by	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	e of changing its pointment as re	registered gistered	
12.	SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Regis	tered Age	int signature required	when reinstating) DATE			
NASH, DEAN A   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZP	12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
13 STREET ADDRESS	TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
13 STREET ADDRESS	NAME	NASH, DEAN A		1.2 NAME				1	
MIAMI BEACH FL 33139	STREET ADDRESS		<u> </u>	1.3 STREE	T ADDRESS			1	
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22 NAME	TITLE		☐ DELETE :	2.1 TITLE			☐ Change	☐ Addition	
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33 STREET ADDRESS   34. CITY-ST-ZIP			l l	3.2 NAME				1	
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STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP				6.2 NAME				}	
6.4 CITY- ST-ZIP				6.3 STREE	ET ADDRESS				
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	14 I bereby c	pertify that the information supplied with	h this filing does not qualify for the	exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes, I further	certify that the in	nformation	

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: