SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 08, 1999 8:00 am Secretary of State 07-08-1999 90013 015 ***550.00

| DOCL | JMENT | # | 260 | 267 |
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| 4 Comorai | tion Nama | | JUU | CUL |

| 1. Corporation | n Name | 300001 | | | | | | | | ` | |
|-----------------|-----------------|--------------------------|-------------|---|------------|--------------------------|--------|--------------|--|---|----------|
| PARTY R | ENTAL T | ENTS, INC. | | | | | | | | | |
| | | 2(1(0), ((10) | | | | | | | |) (Baile na hia ann) abhar 18110 ann) 1821 an 1811 an | l |
| | | | | | | | | | | | |
| Principal Place | e of Business | | N | Mailing Address | | | | | | | ıl |
| 1491 S.W. 4 ST | | | | 191 S.W. 4 ST. | | | | | | , | |
| VIAMI FL 33134 | | | | IAMI FL 33134 | | | | | | | |
| | | | | | - 1 | ί., | | | | DO NOT WRITE IN THIS SPACE | \neg |
| | | | | €(| 13 2 | $\Lambda_{\omega_{i,j}}$ | | | ! | 3. Date Incorporated or Qualified | |
| | | | مبر <u></u> | <u>, , , , , , , , , , , , , , , , , , , </u> | • | | | | · | 06/19/1991 4. FEI Number Applied For | \dashv |
| 2. Principal P | lace of Busin | ess ··, | | a. Mailing Addr } | 888 | | | • | • | 65-0278751 Not Applicat | ıle |
| 21 | 4 -4- | | · 26 | Suite, Apt. #, | oto | | | | | \$8.75 Additional | |
| Suite, Apt. | #, etc. _/ | ر سر الم | 27 | 301.6, Apr. #, | eic. | | | | | 5. Certificate of Status Desired Fee Required | ļ |
| City & Stat | | <u> </u> | 21 | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | ٠, | | 28 |] | | | | | | Trust Fund Contribution Added to Fees | |
| Zìp | | Country | | Zip | | Cou | ntry | | | 8. This corporation owes the current year | \neg |
| 24 | | 25 | 29 | —¬ | | • | | | Intangible Personal Property. Yes No | | |
| <u></u> | | and Address of Curre | | stered Agent | | | | | | 10. Name and Address of New Registered Agent | |
| 17411 | | | | | | 1 | B1 | Name | | | 1 |
| | ADARES, M | | | 82 Stre | | | Street | Addre | ess (P.O. Box Number is Not Acceptable) | \neg | |
| | SW 16 CC | | | | | | | | | | |
| MIAN | N FL 33145 | | | | | | 83 | | | | |
| | | | | | , | | 84 | City | | 85 Zip Code | 一 |
| | | | | | | | | , | | FL S Z D D D D D D D D D | |
| 11. Pursuant | to the provis | ions of sections 607.050 | 02 and (| 607.1508, Florid | la Statute | s, the ab | ove- | named o | orpora | ation submits this statement for the purpose of changing its registered | |
| agent. I a | am janyilia w | ith, and accept the obje | ations | af, section 607. | 0505, Flo | rida Stat | utes | 6. | 0.000 | ation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | [XIII] | Und Silla | L. | | | | | | | | 1 |
| | Signature lyped | | | | (NO | TE: Registe | red A | gent signatu | ire requir | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \dashv |
| 12. | PSD | OFFICERS A | אוט טוא | | | 1.1 TII | 1.F | | ···· | Change Addit | |
| TITLE NAME | 1 | RES, MARLENE | | וט ניין | LETE | 1.2 NA | | | | County County | (" |
| | | 16 COURT | | | • | | | ADDRESS | | | |
| STREET ADDRESS | MIAMI FL | io count | | | | 1.4 CT | | | ļ | | |
| CITY-ST-ZIP | VTD | | | | LETE | 2.1 TII | | -2.11 | | Change Addit | ion |
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| STREET ADDRESS | | 16 COURT | | | | | | ADDRESS | | | } |
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| NAME . | | برايدسور والم | | | _ | 3.2 NA | ME | | | | Ì |
| STREET ADDRESS |] | | | | | 3.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | 3.4 Cf | TY-ST | -ZIP | | | |
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| NAME | | | | | | 4.2 NA | ME | | | | |
| STREET ADDRESS | ļ | | | • | | 4.3 ST | REET | ADORESS | ļ | | ļ |
| CITY-ST-ZIP | | | | | | 4,4 CI | TY-ST | r-ZIP | | | |
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| NAME | } | | | | | 5.2 NA | ME | | 1 | · | 1 |
| STREET ADDRESS | | | | | | 5.3 ST | REET | ADDRESS | } | | 1 |
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| STREET ADDRESS | | | | | | 6.3 ST | REET | ADDRESS | (| | l |
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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 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.

SIGNATURE: