


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90153 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 486292

1. Corporation Name
FIESTA FARMS CORPORATION

Principal Place of Business
1111 CRANDON BLV #A1104
MIAMI FL 33152-2623

Mailing Address
1111 CRANDON BLV #A1104
MIAMI FL 33152-2623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3239 McDonald Ave Suite, Apt. #, etc. 22 City & State Miami, Florida 23 Zip 33131 24 USA	2a. Mailing Address 26 2350 Magnolia Drive Suite, Apt. #, etc. 27 NORTH MIAMI City & State FLORIDA 28 Zip 33181-2223 29 USA
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3. Date Incorporated or Qualified 10/08/1975	4. FEI Number 59-1626716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
BLANK, ROBERT ESQ.
2 S. BISCAYNE BLVD.
SUITE 3636
MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAWS, NANCY <input type="checkbox"/> DELETE	1.1 TITLE	P Nancy Laws <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 CRANDON BLVD A1104	1.2 NAME	2350 Magnolia Drive
STREET ADDRESS	KEY BISCAYNE FL	1.3 STREET ADDRESS	NORTH MIAMI, FL 33181-2223
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D REINALDO, SCARPETTA <input type="checkbox"/> DELETE	2.1 TITLE	REINALDO SCARPETTA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APARTADO AEREO 5744	2.2 NAME	CALLE 78 #9-13 APT 201
STREET ADDRESS	CALI, COLOMBIA	2.3 STREET ADDRESS	BOGOTA, COLOMBIA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ECHEVERRI, FABIO <input type="checkbox"/> DELETE	3.1 TITLE	ECHEVERRI, FABIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APARTDO AEREO 3545	3.2 NAME	Carrera 11A #93A-62 of. 406
STREET ADDRESS	MEDELLIN, COLOMBIA	3.3 STREET ADDRESS	BOGOTA, COLOMBIA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PEEPLES, L. GRANT <input type="checkbox"/> DELETE	4.1 TITLE	PEEPLES, L. GRANT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 SOUTH BISCAYNE BLVD. #3636	4.2 NAME	200 S. BISCAYNE BLVD Suite 400
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	MIAMI, FLORIDA 33131
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] PRESIDENT 4/2/99 (305) 891 3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)