FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:20

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38360 (4)

1. Corporation Name

FIESTA FANTASTICA, INC.

Principal Place of Business	Mailing Address
AVE DEDIEGO 106 P O BOX 239 SANTURCE P.R.	AVE DEDIEGO 106 P O BOX 239 SANTURCE P.R.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 1505 Loiza station Bo1239
Suite, Apt. #, etc. 22:
City & State 23: SAN JUAN PUERTO RICO
Zip 24: 00911 County 25: USA

2a. Mailing Address
26: 1505 Loiza station Box 239
Suite, Apt. #, etc. 27:
City & State 28: SAN JUAN P. RICO
Zip 29: 00911 Country 30: USA

4. FEI Number: 66-0391036 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALACIOS, MARCELO
232 SW 8TH STREET
MIAMI FL 33130

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 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, MARCELO	12 NAME	
STREET ADDRESS	1901 BRICKELL AVE.	13 STREET ADDRESS	200001484392
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	-05/11/95--01083--005 ****200.00 ****200.00
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	TEMPESTINI, ROBERTO	22 NAME	
STREET ADDRESS	COND. BELLAMAR APT 8	23 STREET ADDRESS	
CITY ST ZIP	CONDADO PR	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ISRAEL, JOE	32 NAME	
STREET ADDRESS	1752 HAMMOCK BLVD.	33 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NARISOL PALACIOS	42 NAME	
STREET ADDRESS	331 N.W. 3 AVE	43 STREET ADDRESS	
CITY ST ZIP	DANIA. FL.	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-20-95

Daytime Phone: 305-8542221

0483322 FN