

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90133 045 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000090126			
1. Corporation Name LA FIESTA PROPERTIES, INC.			
Principal Place of Business 810 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 US		Mailing Address 810 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAMENDOLA, BEN 810 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084		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			
TITLE	PTD	<input type="checkbox"/> DELETE	
NAME	LAMENDOLA, BEN		
STREET ADDRESS	905 REDBUD TRAIL		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE	VSD	<input type="checkbox"/> DELETE	
NAME	LAMENDOLA, DEANNA		
STREET ADDRESS	905 REDBUD TRAIL		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MCCOLLERS, JOHN		
STREET ADDRESS	6 CREEK VIEW WAY		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FOLSON, DOUGLASS SR		
STREET ADDRESS	5802 SPRUCE CREEK WOODS ROAD		
CITY-ST-ZIP	PORT ORANGE FL 32019		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		FOLSON, DOUGLASS SR	
4.3 STREET ADDRESS		5 CHRYENE CT.	
4.4 CITY-ST-ZIP		PALM COAST, FL 32127	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEANNA LA MENDOLA

3/12/99

Date

904-471-2220

Daytime Phone #

CR2E034 (11/98)