


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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064853 (1)**

1. Corporation Name

**GUIA DE FIESTAS INC.**

Principal Place of Business

**11401 SW 40 STREET  
#204  
MIAMI FL 33165**

Mailing Address

**P.O. BOX 65-2855  
MIAMI FL 33165-2855**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/22/1995</b>	
21 <b>756 NW 129 PL</b>	26 <b>756 NW 129 PL</b>	4. FEI Number <b>65-0604614</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL</b>	Zip <b>33182</b>		Country <b>USA</b>	
24 <b>33182</b>	25 <b>USA</b>	29 <b>33182</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent

**MARTINEZ, AMALIA  
11883 SW 34 ST  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name <b>MARTINEZ, AMALIA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>756 NW 129 PL</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33182</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARTINEZ, AMALIA	1.2 NAME	MARTINEZ, AMALIA
STREET ADDRESS	11883 SW 34 ST	1.3 STREET ADDRESS	756 NW 129 PL
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VM	2.1 TITLE	VM
NAME	MESA, SUSAN	2.2 NAME	PAZ, SUSAN
STREET ADDRESS	11883 SW 34 S	2.3 STREET ADDRESS	756 NW 129 PL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33182
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

*Amalia Martinez*

CR2E034 (10/97)