

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000062858 (1)**

1. Corporation Name
FIESTA TROPICALE, INC.

Principal Place of Business
**424 S. DIXIE HIGHWAY
HOLLYWOOD FL 33020**

Mailing Address
**424 S. DIXIE HIGHWAY
HOLLYWOOD FL 33020-4914**



2. Principal Place of Business 21 1915-A HOLLYWOOD BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 510 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/26/1996	3a. Date of Last Report
22 City & State HOLLYWOOD FL		27 City & State HOLLYWOOD FL		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip 33020		28 Zip 33020-4914		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ERICKSON, DAVID 424 S. DIXIE HIGHWAY HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name DAVID ERICKSON 82 Street Address (P.O. Box Number is Not Acceptable) 1915-A HOLLYWOOD BLVD 83 84 City HOLLYWOOD FL 85 Zip Code 33020	
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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 *David Erickson* **DAVID ERICKSON, SECRETARY** 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERICKSON, JUDY		1.2 NAME	
STREET ADDRESS 424 S. DIXIE HIGHWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERICKSON, DAVID		2.2 NAME	
STREET ADDRESS 424 S. DIXIE HIGHWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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 do 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: *David Erickson* **DAVID ERICKSON** 4/29/97 954-926-3377
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)