

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000062858 (1)

1. Corporation Name

FIESTA TROPICALE, INC.



Principal Place of Business

1815-A HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

Mailing Address

P.O. BOX 510
HOLLYWOOD FL 33020-0510
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

APPLIED FOR 65-0696603

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

ERICKSON, DAVID
1915-A HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100002548271 - 1

83

-06/05/98--01003--013

84 City

****158.75 ****158.75

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 the appointor)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ERICKSON, JUDY
STREET ADDRESS 424 S. DIXIE HIGHWAY
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE STD
NAME ERICKSON, DAVID
STREET ADDRESS 424 S. DIXIE HIGHWAY
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Erickson, Judy
1.3 STREET ADDRESS 1915-A HOLLYWOOD BOULEVARD
1.4 CITY-ST-ZIP PO Box 560879 HOLLYWOOD, FL 33020-0879 ☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME Erickson, David
2.3 STREET ADDRESS 1915-A HOLLYWOOD BOULEVARD
2.4 CITY-ST-ZIP PO Box 560879 HOLLYWOOD, FL 33020-0879 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

(954) 977-9900 (10/97)