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**PROFIT** CORPORATION ANNUAL REPORT



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998

NAME

STREET ADDRESS

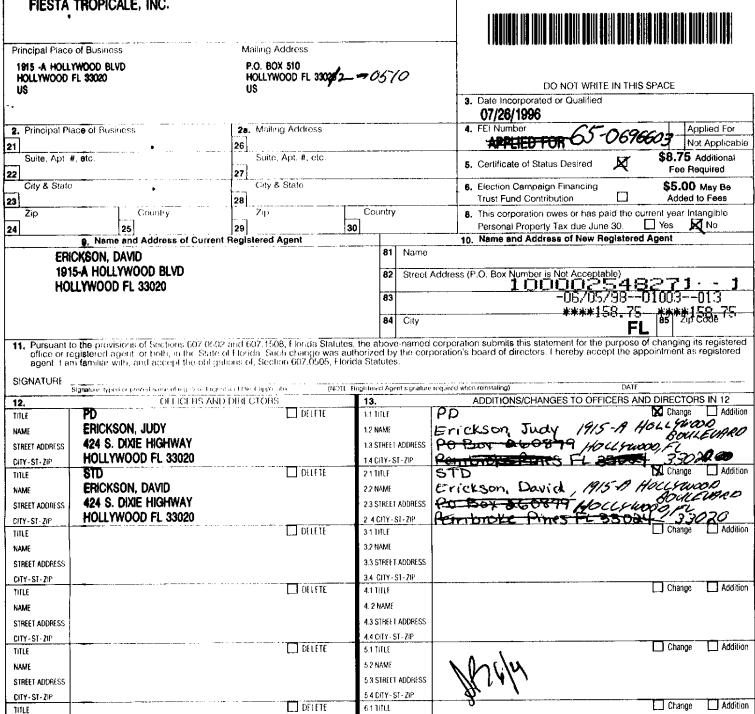
CITY-ST-ZIP

DOCUMENT #

1. Corporation Name

P96000062858 (1)

FIESTA TROPICALE, INC.



6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CHY-S1-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 eath; that I am an officer or director of the corporation or the receiver or true to employered 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 altachment with an address.