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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069625

1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90001 050 ***150.00

FIESTA I	MEXICANA OF TAMPA, IN		· · ·		
Principal Place	e of Business	Mailing Address		I CONTINUE TO THE POLICE DESIGNATION OF THE STREET	Attia tatua attia tisat kiit 1401
P.O. BOX 1521	64	P.O. BOX 152164			
TAMPA FL 33684-2164 TAMPA FL 33684-2164		TAMPA FL 33684-2164		DO NOT WRITE IN THIS	SPACE
	<u>-</u>			Date Incorporated or Qualifed	- STAGE
				08/19/1996	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
 , '	lace of Eddiness	26		59-3332413	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	, 2	27		5. Certifcate of Status Desired	Fee Required
City & Stat	Te -	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24	25		30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered	Agent 3
	5.0 HODDEDTO		81 Name		
	LEJO, NORBERTO		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	S SIESTA COURT				· · · · · · · · · · · · · · · · · · ·
APT.	_		83		
IAM	PA FL 33614		84 City		85 Zip Code
				<u>FL</u>	-
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was at	athorized by the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	intment as registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ite of Florida. Such change was at igations of, Section 607.0505, Flor agent and title if applicable. (NOTE:	ithorized by the corporation of	red when reinstating)	munent as registered
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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: _

SIGNING OFFICER OR DIRECTOR