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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000099733 (3)

1. Corporation Name
FIESTA RESTAURANT, INC.

Principal Place of Business
10930 W. FLAGLER ST.
MIAMI FL 33174

Mailing Address
10930 W. FLAGLER ST.
MIAMI FL 33174-1281



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 12/10/1996	3a. Date of Last Report
4. FEI Number 65-0715170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

RODRIGUEZ, ANNERIS
10930 W. FLAGLER ST.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1	NAME
NAME	RODRIGUEZ, ANNERIS	1.2	DATE
STREET ADDRESS	12040 SW 181ST ST.	1.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4	CITY-ST-ZIP
TITLE		2.1	NAME
NAME		2.2	DATE
STREET ADDRESS		2.3	STREET ADDRESS
CITY-ST-ZIP		2.4	CITY-ST-ZIP
TITLE		3.1	NAME
NAME		3.2	DATE
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	NAME
NAME		4.2	DATE
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	NAME
NAME		5.2	DATE
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	NAME
NAME		6.2	DATE
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: _____ 3/19/97 (305) 485-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004467

CR2E034 (9/96)