

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90122 030 ***158.75

DOCUMENT # P97000094483

1. Corporation Name
1ST FIESTA CORP.



Principal Place of Business
5990 (R) N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address
5990 (R) N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1997

4. FEI Number
65-0809728

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1133 S. University DR.

23 City & State

27 Suite #202
28 Plantation FL.

24 Zip

Country

29 Zip

Country

25

30 33324

31 Broward

9. Name and Address of Current Registered Agent

DAHSHEH, Wael
5990 (R) N. FEDEREAAL HIGHWAY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Celia Adelita L.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o MGMT Corp.
83 1133 S. University DR. STE. #202
84 City Plantation FL 85 Zip Code 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 29, 1999

12. OFFICERS AND DIRECTORS

TITLE D
NAME DAHSHEH, Wael
STREET ADDRESS 5990 (R) N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec.
1.2 NAME DAHSHEH, Wael
1.3 STREET ADDRESS 1681 N.W. 100th Way
1.4 CITY-ST-ZIP Plantation, FL 33322

2.1 TITLE Pres.
2.2 NAME Kahook, Nafal
2.3 STREET ADDRESS 9941 S.W. 4th St.
2.4 CITY-ST-ZIP Plantation, FL 33324-2801

3.1 TITLE V.P.
3.2 NAME Kahook, Samir
3.3 STREET ADDRESS 942 S.W. 93rd Terr.
3.4 CITY-ST-ZIP Plantation, FL 33324-3890

4.1 TITLE TREASURER
4.2 NAME SHEHADEH, Abdelkarim
4.3 STREET ADDRESS 5324 N.W. 60th Dr.
4.4 CITY-ST-ZIP Coral Springs, FL 33067

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99 (954) 472-3455

CR2E034 (1/98)