

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994. AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REDEEMATE: \$375)

APPROVED AND FILED

94 AUG -9 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V00500 (1)**

1. Corporation Name
HAPPY FIESTA OF AMERICA, INC.

Mailing Address
**7264 BEDLINGTON RD.
MIAMI FL 33014**

Principal Place of Business
**7264 BEDLINGTON RD.
MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1991** 3a. Date of Last Report **03/19/1993**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		4. FEI Number 65-0302682		Applied For <input type="checkbox"/> Not Applicable	
21. 7330 West 20 Ave		26. 7330 West 20 Ave		5. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Suite, Apt. #, etc. Hialeah, Florida		Suite, Apt. #, etc. Hialeah, Florida		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22. Hialeah, Florida		27. Hialeah, Florida		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. 33016-1831		28. U.S.A.					
24. 33016-1831		29. U.S.A.					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GAGO GAGO ANDRES A. 7330 W. 20 AVE. HIALEAH FL 33016				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title, applicable (SEE Registered Agent signature required when substituting) (SEE)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P			1.1 TITLE			
1.2 NAME	GAGO, ANDRES A.			1.2 NAME			
1.3 STREET ADDRESS	7264 BEDLINGTON RD.			1.3 STREET ADDRESS	7330 West 20 Ave		
1.4 CITY - ST - ZIP	MIAMI LAKES FL			1.4 CITY - ST - ZIP	Hialeah, Fla. 33016-1831		
2.1 TITLE	VP/IS			2.1 TITLE			
2.2 NAME	GAGO, ESPERANZA			2.2 NAME			
2.3 STREET ADDRESS	7264 BEDLINGTON RD.			2.3 STREET ADDRESS	7330 West 20 Ave		
2.4 CITY - ST - ZIP	MIAMI LAKES FL			2.4 CITY - ST - ZIP	Hialeah, Fla. 33016-1831		
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 112.01(9)(b), 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 617 or Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment to an address.

SIGNATURE: *[Signature]* **Aug. 5/94** **558-4090**
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR