

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000000287

Entity Name: FIESTA MO SA FLORIDA INC.**Current Principal Place of Business:**1174 EAST VINE STREET
KISSIMMEE, FL 34744**Current Mailing Address:**1174 EAST VINE STREET
KISSIMMEE, FL 34744**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOLIS, FERNANDO
1174 EAST VINE STREET
KISSIMMEE, FL 34744 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	ABADIA, RIZALIE R
Address	16 GLENDALE DRIVE
City-State-Zip:	KISSIMMEE FL 34744

Title	ASST. TREASURER
Name	TEITSMA, ARLENE A
Address	4452 GLOUCESTER RD
City-State-Zip:	BROOKSVILLE FL 34604

Title	TREASURER
Name	DELROSARIO, EDNA E
Address	1724 GOLDEN POPPY CT
City-State-Zip:	ORLANDO FL 34744

Title	SECRETARY
Name	CROOM, GRACE G
Address	27055 COUNTRY OAK DRIVE
City-State-Zip:	BROOKSVILLE FL 34604

Title	DIRECTOR
Name	CONNEYS, MIA M
Address	3461 PHEASANT CT
City-State-Zip:	MELBOURNE FL 32935

Title	ASST. SECRETARY
Name	DRUMMOND, RITA
Address	86 FAY BLVD
City-State-Zip:	PORT ST JOHN FL 32927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RIZALIE ABADIA

V PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail_____
Date