

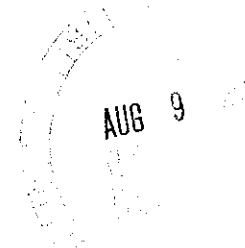


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August 1, 1994

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D. C. 20216



Dear Sir or Madam:

Fiesta Mart Inc., hereby supplies the following information pursuant to Labor Department Regulations Sec. 2520.104-23:

A. Name & Address of Employer:

Fiesta Mart Inc.
5235 Katy Freeway
Houston, Texas 77007

B. Employer Identification Number: 74-1874033

C. Fiesta Mart Inc. maintains the following plan primarily to provide deferred compensation benefits to a select group of management or highly compensated employees:

Fiesta Mart Deferred Compensation Plan

Number of Participants: 40

Very truly yours,

A handwritten signature in black ink that reads "Robert Z. Walker".

Robert Z. Walker
Vice President