FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041026 (4)**

1. Corporation Name
TEXOIMPORT TEXOICA, CORP.

Principal Place of Business	Mailing Address
1344 SASSAFRAS AVE ALTAMONTE SPRINGS FL 32714	1344 SASSAFRAS AVE ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1993**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 225 SPRING DR	26 225 SPRING DR.
Suite, Apt. #, etc. 22 # 6	Suite, Apt. #, etc. 27 # 6
City & State 23 MERRITT ISLAND. FL	City & State 28 MERRITT ISLAND FL
Zip 24 32953 Country 25 BREWARD.	Zip 29 32953 Country 30 BREWARD

4. FEI Number: **APPLIED FOR** 593249393 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENDEZ, JUAN N **1344 SASSAFRAS AVE** **ALTAMONTE SPRINGS FL 32714**	81 Name: MENDEZ. JUAN N 82 Street Address (P.O. Box Number is Not Acceptable) 83: 225 SPRING DR # 6 84 City: MERRITT ISLAND FL 85 Zip Code: 32953

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: JUAN N MENDEZ — JMendez — 4-4-95
Signature typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SAME.	☐ Change ☐ Addition
NAME	MENDEZ, JUAN N	12 NAME		
STREET ADDRESS	1344 SASSAFRAS AVE	13 STREET ADDRESS	225 SPRING DR #6	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	21 TITLE	SAME	☐ Change ☐ Addition
NAME	MENDEZ, ALFREDO I	22 NAME		
STREET ADDRESS	1344 SASSAFRAS AVE	23 STREET ADDRESS	225 SPRING DR #6	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP	MERRITT ISLAND FL. 32953	
TITLE	D	31 TITLE	SAME	☐ Change ☐ Addition
NAME	MENDEZ, SILVIA R	32 NAME		
STREET ADDRESS	1344 SASSAFRAS AVE	33 STREET ADDRESS	225 SPRING DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	34 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	41 TITLE	SAME.	☐ Change ☐ Addition
NAME	MENDEZ, ISABEL A	42 NAME		
STREET ADDRESS	1344 SASSAFRAS AVE	43 STREET ADDRESS	225 SPRING DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	44 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	51 TITLE	SAME.	☐ Change ☐ Addition
NAME	MENDEZ, MARYCEL	52 NAME		
STREET ADDRESS	1344 SASSAFRAS AVE	53 STREET ADDRESS	225 SPRING DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	54 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: JMendez (JUAN N MENDEZ) 4-4-95 (407) 862-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000001 CP