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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000088909 (3)

MEXICO HANDCRAFTS, INC.

Principal Place of Business	Mailing Address		
111 SUN 'N LAKE BLVD. LAKE PLACID FL 33652	111 SUN 'N LAKE BLVD. LAKE PLACID FL 33852		
9 Principal Plane of Business	Las Mailing Address		

FILED Apr 29 1998 8:00am Secretary of State

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					:		
Principal Place of Business Mailing Address					(JEGICON SIE 1848) BION 6010 8010 8011 6014 68581 10	iidi rarra fassi massa last saas	
111 SUN 'N LAKE BLVD. LAKE PLACID FL 33852 111 SUN 'N LAKE BLVD. LAKE PLACID FL 33852							
					DO NOT WRITE IN THIS SPACE		
†					3. Date Incorporated or Qualified		
					11/20/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	_		65-0657354	Not Applicable	
Suite, Apt. #, etc. Suite, Ap1. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22 27				8. Certificate of otalics besiled	Fee Required		
City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28 28			Country		Trust Fund Contribution	Added to Fees	
Zip Country Zip 29		├ ── ↑ `	Country		8. This corporation owes or has paid the c	urrent year Intangible	
[24]	g. Name and Address of Curre	. 11	30		Personal Property Tax due June 30. 10. Name and Address of New Registered		
or			81	Name	ID. Hallio and resolves of river ringletores	. Agoin	
	LAYA, LUIS		<u> </u>				
	I SUN 'N LAKE BLVD. KE PLACID FL 33852		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
"	NE FLACID FL 33832		83				
İ							
			84	City	FI	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named cor		of changing its registered	
office or n	registered agent, or both, in the Stat im familiar with, and accept the oblid	e of Florida. Such change was a gations of, Section 607,0505. Flo	uthorized by orida Statute	y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	•					
ļ	Signature, typed or printed name of registered as		Registered Age	ent signature requ	ulrad when reinstaling) DATE		
12.	T=	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSD	DELETE	1.1 TITLE			Change Addition	
NAME	EZETA, ALEJANDRO		1.2 NAME				
STREET ADDRESS	AV. ATEMAJAC 1289, COLO	NIA GUSA	1 3 STREET	·			
CITY-ST-ZIP TITLE	ZAPPOPAN JA	DELETE	1.4 DITY- S	ST-ZIP		Change Addition	
NAME	VPTD		2.1 TITLE			LI Change LI Addition	
STREET ADDRESS	DEL VALLE, LUIS FERNANDI		2.2 NAME				
	PASEO DE SAN VICTOR 264 ZAPOPAN JA	12, FRACC. VALLE NEA	2.3 STREET				
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - 3.1 TITLE	S1 - ZIP		☐ Change ☐ Addition	
NAME	PSD L_I DELETE EZETA, ALEJANDRO		3.2 NAME				
STREET ADDRESS	AV. ATEMAJAC 1289, COL.	A PI LA	3.3 STREET	ADDRESS			
CITY-ST-ZIP	ZAPOPAN JA	WWW1	3.4. CITY-				
TITLE	VPTD	☐ DELETE	4.1 TITLE	v, £11		Change Addition	
NAME	DEL VALLE, LUIS F	—	4. 2 NAME				
STREET ADDRESS	PASEO DE SAN VICTOR 264	12	4.3 STREET	ADDRESS			
CITY-ST-ZIP	ZAPOPAN JA	· -	4.4 CITY-S	ı			
TITLE			5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CiTY-S	T-21P			
TITLE		☐ DELETE	61 TITLE			Change Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS		į	
CITY-ST-ZIP			6.4 CITY - S	T-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 agricult eport 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 so an attagramment with an address.

941) 466-6560