2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P95000088909 1. Entity Name MEXICO HANDCRAFTS, INC. 05-28-2002 90702 042 ***150 00 Principal Place of Business Mailing Address 111 SUN 'N LAKE BLVD. 111 SUN 'N LAKE BLVD. 866006 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0657354 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CELAYA, LUIS Street Address (P.O. Box Number is Not Acceptable) 111 SUN 'N LAKE BLVD. LAKE PLACID FL 33852 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State <u>: 11.</u> OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition EZETA, ALEJANDRO NAME NAME AV. ATEMAJAC 1289, COLONIA GUSA STREET ADDRESS STREET ADDRESS ZAPPOPAN JA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEL VALLE, LUIS FERNANDEZ NAME NAME STREET ADDRESS PASEO DE SAN VICTOR 2642, FRACC. VALLE REA STREET ADDRESS ZAPOPAN JA CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME EZETA, ALEJANDRO NAME AV. ATEMAJAC 1289, COL. GUSA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP zapopan ja CITY-ST-ZIP **VPTD** ☐ Defete TITLE ☐ Change ☐ Addition DEL VALLE, LUIS F NAME STREET ADDRESS PASEO DE SAN VICTOR 2642 STREET ADDRESS CITY-ST-ZIP zapopan ja CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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FILED