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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 07 1997 8:00am

Secretary of State

561-546-1325

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000077117 (5)

MEXICO IMPORTS, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Plac 6211 S.E. AME HOBE SOUND	S WAY	Mailing Address 6211 S.E. AMES WAY HOBE SOUND FL 33455-7386							
						3. Date incorporated or Qualified 09/16/1996	1 3a. C	Date of Last F	Report
——	lace of Business	2a. Mailing Address				4. FEI Number		Aı	pplied For
Suite, Apt	# etc	Suite, Apt. #, etc.			hands de la constant	65-070260	12		ot Applicable
22	P <sub>1</sub> Ole.	27				5. Certificate of Status Desired			Additional equired
City & State	(!	City & State	***************************************			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip <b>24</b>	Country	Zip	Count	try		8. This corporation has liability to			3. 199.032,
24]	25   9. Name and Address of Cur	29 rent Registered Agent	[30]		-	Florida Statutes  10. Name and Address of New I		∐ No Agent	
THA	TCHER, CAROL A		6	Na Na	ıme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	108101010	7.8011	
	I S.E. AMES WAY		]	32 Str	oot Addro	ss (P.O. Box Number is Not Accept	abla)		
HOE	BE SOUND FL 33455				COI AGOIE	as (1.0. box runnbar is run Accept	abie)		
			16	33					
			6	4 Cit	у			85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508. Florida Stat	utes the abo	วงคะภูลา	ned corpo	ration submits this statement for the	FL	e	te registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was	s authorized	by the	corporatio	n's board of directors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE									
12.	Signature itypical or pointed name of registered		OTE. Registered A	Agent sign	vature required	when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DEDECTOR	20 111 40
TITLE	OFFICERS AND DIRECTORS  CFOV  DELETE					ESIDENT	ICERS AN	Change	Addition
NAME	THATCHER, CAROL A	<del></del>	1.2 NAM		' '			LZJ villingo	L Tidation
STREET ADDRESS	6211 S.E. AMES WAY		1.3 STRE	ET ADOR	ESS				
C(TY+ST-7IP	HOBE SOUND FL 33455		1.4 CITY	- \$1 - ZIP					
TILLE	V	☐ DELETÉ	2.1 TITLE	2.1 TITLE S		cretary		Change	Addition
NAME:	THATCHER, VICTOR E 6211 S.E. AMES WAY		2.2 NAM						
STREET ADDRESS	HOBE SOUND FL 33455			ET ADDR					
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY 3.1 TITLE	Y-ST-ZIP				Change	Addition
NAME	SHEMANSKI, RICHARD		3.7 (1) C					С счанде	Abbillion
STREET ADDRESS	1143 DUNCAN CIRCLE		l l	ET ADDRI	ESS				
CHY ST-ZIP	PALM BEACH GARDENS FL	33418	34. CITY	7-\$T-ZIP					
to.e		DELETE	4 1 TITLE	E				Change	Addition
NAME			4 2 NAM	AE.	-				
STREET ADDRESS				ET ADDRI	ESS				
CITY - ST - ZIF		DELETE	4.4 CHY 5.1 TITLE					Change	Addition
NAME		tend were It	5.1 HILE 5.2 NAM		ļ			- Augulfa	L. AUUILIUII
STREET ADDRESS				ET ADDRI	ESS				
CITY-S1-7-P			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE		<del></del>			☐ Change	Addition
NAME			6.2 NAM	E					
STREET ATIMBLESS			6.2 5705	TT ADISO	ree				

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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.