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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000013741**1. Corporation Name

THE SPIRIT OF MEXICO, INC.

 2		

Mailing Address

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90049 010 \*\*\*160.00



1211 01111 112110 0111		14 OAK MEADOWS CT. PLANDO FL 32835		DO NOT WRITE IN THIS SPACE				
					Date Incorporated or Qua 02/10/1998	lifed		
2. Principal Place of Busines	s 2a	. Mailing Address			4. FEI Number 3500	560		- Applied For-
21	26				59- 2300	267		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗷	7	. <b>75</b> Additional ee Required
City & State	27	City & State			6. Election Campaign Finan	cing _		.00 May Be
23	28				Trust Fund Contribution	Ш	Ac	ided to Fees
Zip	Country	Zip Co	ountry		8. This corporation owes the	e current year Int		
24 25	29	30			Personal Property Tax.		☐ Ye	s 🗆 No
9. Name ar	nd Address of Current Regi	stered Agent			10. Name and Address of	lew Registered	Agent	
AVALOG IOGE A			81	Name				
AVALOS, JOSE A 7244 OAK MEADOWS CT.		82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32	335		83					
			84	City		FL	85	Zip Code
office or registered agen	t, or both, in the State of Flor	607.1508, Florida Statutes, the ida. Such change was authoriz	ed by	the corporatio	oration submits this statement for on's board of directors. I hereby	or the purpose of accept the appoi	changi ntment	ng its registered as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (N	IOTE: Registered Agent signature req	uired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	interest Agent agriculte required with restauring				
TITLE	D DELETE		Change	Addition			
NAME	ABUNDIS, AMPARO	1.2 NAME					
STREET ADDRESS	7244 OAK MEADOWS CT.	1.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP					
TITLE	D DELETE	2.1 TITLE	Change	☐ Addition			
NAME	AVALOS, JOSE A	22 NAME					
STREET ADDRESS	7244 OAK MEADOWS CT.	2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP					
TITLE	D DELETE	3.1 TITLE	[] Change	☐ Addition			
NAME	LOZOYA, MARIA V	3.2 NAME	•				
STREET ADDRESS	7244 OAK MEADOWS CT.	3.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP					
TITLE	D DELETE	4.1 TITLE	Change	☐ Addition			
NAME	OROZCO, RAFAEL	4. 2 NAME					
STREET ADDRESS	7244 OAK MEADOWS CT.	4.3 STREET ADDRESS					
C/TY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	F7.01				
TITLE	☐ DELETE		Change	☐ Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRÉSS	. 31				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE		☐ Change	☐ Addition			
NAME	· · · · · · · · · · · · · · · · · · ·	6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY- ST- ZIP	Section 119.07(3)(i) Florida Statutes I further certify that the inf	ia ann atlan			

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 annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 from any attact ment with an address, with all other like empowered.

**SIGNATURE**: