FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00 **PROFIT** FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of S 1996 DIVISION OF CORPORTIONS DOCUMENT # S47216 (4) MEXICRAFT INC. Principal Place of Business Mailing Address 8880 SW 129TH TERRACE 8880 SW 129TH TERRACE MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0258021 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country *2*p Contry 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 Yes M No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRUZ, ALEJANDRINA G. Street Address (P.O. Box Number is Not Acceptable) 82 780 N.W. LE JEUNE RD. SUITE 427 83 MIAMI FL 33126 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abve-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 orporation'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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registerel Agent signature required which reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II THLE □ DELETE CHRICMAN & PRESIDENT 1 13115 NAME RIVERA, JOHN A ERIK D. SORENJEN E034 (1.2 NAME 780 NW LI JEVAE Rd, # 127 6051 SW 88TH ST. STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP FLORINA りんけいへい 1.4 CITY-ST-ZIP TITLE n DELETÉ 2. 1/ITLE Change Addition NAME VALERY, PAUL 2.214ME STREET ADDRESS 6051 SW 88TH ST. 2.3 TREET ADDRESS MIAMI FL CITY - ST- ZIP 24 tity - St. ZIP TITLE SDT ☐ DELETE 3 THILE Change Addition NAME SORENSEN, MERCEDES R. 3.2 JAME 780 NW LE JEUNE RD. #427 STREET ADDRESS 3.3.STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY - ST - Z(P TITLE ST DELETE Addition 4. TITLE Change NAME **LUNA JOSE IGNACIO** 4.2 NAME STREET ADDRESS 780 NW LE JEUNE RD. #427 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-7IP TITLE DELETE 5. 13 TLE Change Addition Addition NEW **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - \$1 - ZIP THLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CHY-ST-7IP 14. Ido 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)(k), Florida Statutes. I further certify that the information indicated on this explual 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 change on an attachment with an address

BIONATURE AND TYPED OR PRINTED NAME OF SIGNAND OF SIGNATURE TO THE TOP THE TOP

SIGNATURE: