

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **S91200****(3)**

1. Corporation Name

GALERIA MEXICRAFTS, INC.

Principal Place of Business

**402 VILLAGE LAKE DRIVE
FT. LAUDERDALE FL 33326**

Mailing Address

**402 VILLAGE LAKE DRIVE
FT. LAUDERDALE FL 33326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0291277

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUVELIS, PETER
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL 33326**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-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 corporation'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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPS
JUVELIS, PETER
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

1.1 TITLE

☐ Change☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

**D
BETETA, JUAN ENRICO
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

2.1 TITLE

☐ Change☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

**BETETA, JUAN ENRICO
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

3.1 TITLE

☐ Change☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

**BETETA, JUAN ENRICO
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

4.1 TITLE

☐ Change☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

**BETETA, JUAN ENRICO
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

5.1 TITLE

☐ Change☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

**BETETA, JUAN ENRICO
402 VILLAGE LAKE DR.
FT. LAUDERDALE FL**

6.1 TITLE

☐ Change☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do 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 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, on or in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Juvelis / President**04-27-95 (306) 925-8557**