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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

Suite, Apt. #, etc.

26

DOCUMENT # 336085 1. Corporation Name

A.E. ORTEGO CONSTRUCTION CO.

Mailing Address Principal Place of Business 704 S W 17TH AVENUE 704 S W 17TH AVENUE SUITE 1 SUITE 1 MIAMI FL 33135 MIAMI FL 33135

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90126 007 ***150.00



	DO NOT WR	ITE IN TH	IS SPACE	
3.	Date Incorporated or Qualifed			
	10/08/1968			
4.	FEI Number			Applied For
	59-2365576			Not Applicable
5.	Certificate of Status Desired		-	75 Additional e Required
_				-

		1271									
ity & State		28	City & State	• • • • • • • • • • • • • • • • • • • •			6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees	
íp	Country 25	29	Zip	Cοι 30	ntry		8.	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No	
	9. Name and Address of Current	Registe	ered Agent				10.	Name and Address of New Register	ed Agent		
	GO, ANTHONY E W 17TH AVE				81 82	Name Street Addre	ess (F	P.O. Box Number is Not Acceptable)		<u>-</u>	_

SUITE 1 MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

84	City	85	Zip Code	
83				
82	Street Address (P.O. Box Number is Not Acceptable)			
81	Name			

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 reinstating) DATE Onto								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	STD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	ORTEGO, ALODIA	1.2 NAME						
STREET ADDRESS	13140 SW 102ND AVENUE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP						
TITLE	PD DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	ORTEGO, ANTHONY E	2.2 NAME						
STREET ADDRESS	13140 SW 102ND AVENUE	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP						
TITLÉ	☐ DELÉTE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	'					
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME	· '					
STREET ADDRESS		5 3 STREET ADORESS	المنتقل المراجعة التي الماء عن					
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	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 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 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 one an attachment with an address, with all other like empowered.

SIGNATURE: