## 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

## DOCUMENT # G35135

1. Corporation Name

JESSLA CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
8360 W FLAGLER ST #200 MIAMI FL 33144	8380 W FLAGLER ST #200 MIAMI FL 33144

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

03-04-1999 90006 044 \*\*\*150.00



0000 W ELACLE	of Business							
8360 W FLAGLER ST #200 MIAMI FL 33144		8360 W FLAGLER ST #200 Miami Fl 33144		DO NOT WE	RITE IN THIS	CDACE		
					3. Date Incorporated or Qualife	d		ļ
					04/21/1983			}
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2278402			lot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional .
22		27					Fee F	Required
City & State	1	City & State			6. Election Campaign Financing	g 🖂	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the cu	irrent year Inti	angible	1
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New	Registered	Agent	
· · · -			81	Name				
LIMA,	, FELIX		-	C44 A 44	and (D.O. Boy Number is Not Accor	ntabla)		
8360	W FLAGLER ST #200		82	Street Addi	ress (P.O. Box Number is Not Accer	planie)		·
	II FL 33144		83				<del></del>	****
			[,,				·	
			84	City		FL	85   Zip	Code
				L			-benging i	o registered
11. Pursuant to	o the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was au	es, the abov	e-named corp the comoration	poration submits this statement for the inn's board of directors. I hereby acc	ept the appoi	ntment as	egistered
OTTICE OF TE	gistered agent, or both, in the otate	or richad cash analysis			-		;	<b>I</b>
oπice or re agent. I an	n tamiliar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statutes	3.				
agent. I an	n familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes	<b>3.</b>				
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agent. I am SIGNATURE 3	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age	i.	ed when reinstating)			
agent. I am SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD LIMA, FELIX	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 12 NAME	i.	ed when reinstating)			
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indicated on this annual report or supplied with this times does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR