

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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90071 032 \*\*\*150.00

DOCUMENT # P93000005577

1. Corporation Name  
JELESA CORPORATION

Principal Place of Business  
12334 S.W. 254TH TERRACE  
PRINCETON FL 33032

Mailing Address  
12334 S.W. 254TH TERRACE  
PRINCETON FL 33032



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0383520

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 10821 SW 188th St.

Suite, Apt. #, etc.

2a. Mailing Address

26 10821 SW 188th St.

Suite, Apt. #, etc.

City & State

23 Miami, FL 33157

Zip

Country

City & State

28 Miami, FL

Zip

Country

24 33157

25

29 33157

30

9. Name and Address of Current Registered Agent

SANTOVENIA, JESUS  
12334 S.W. 254TH TERRACE  
PRINCETON FL 33032

10. Name and Address of New Registered Agent

81 Name SANTOVENIA, Jesus

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

10821 SW 188th Street.

83

84 City Miami

FL

85 Zip Code 33157

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

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME SANTOVENIA, JESUS  
STREET ADDRESS 12334 S.W. 254TH TERRACE  
CITY-ST-ZIP PLANTATION FL 33032

TITLE V  
NAME BORBUA, GERVACIO  
STREET ADDRESS 16172 SW 139TH STREET  
CITY-ST-ZIP MIAMI FL 33177

TITLE V  
NAME NUNEZ, THOMAS  
STREET ADDRESS 11780 SW 187TH STREET  
CITY-ST-ZIP MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME SANTOVENIA, Jesus  
1.3 STREET ADDRESS 10821 SW 188th Street  
1.4 CITY-ST-ZIP Miami, FL 33157

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)