FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:25

DOCUMENT # P94000048112 (4)

1. Corporation Name
TEJOBE FLORIDA, INC.

Principal Place of Business
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

Mailing Address
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 Country 25 | Zip 29 Country 30

4. FEI Number: 65-6156568 ☐ 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

9. Name and Address of Current Registered Agent

DUNWODY, W. E. III
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
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 ____________________

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	D
NAME	RODRIGUEZ, FERMIN
STREET ADDRESS	4675 PONCE DE LEON BLVD SUITE 305
CITY ST ZIP	CORAL GABLES FL 33146
TITLE	D
NAME	RODRIGUEZ, MARIA T
STREET ADDRESS	4675 PONCE DE LEON BLVD SUITE 305
CITY ST ZIP	CORAL GABLES FL 33146
TITLE	D
NAME	RODRIGUEZ, MARIA B
STREET ADDRESS	4675 PONCE DE LEON BLVD SUITE 305
CITY ST ZIP	CORAL GABLES FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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)(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.

SIGNATURE: [signature] FERMIN RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (Date) (305) 6665222 (Phone #)