

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26 PO BOX 522614 HAM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

28 MIAMI FL

Zip

Country

Zip

Country

29 33152-2614 30

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

ROBERT W. JENSEN

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

4675 PONCE DE LEON BLVD STE 305

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

ROBERT W. JENSEN, REGS. AGENT

7/30/98

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 **D** ☐ DELETE

NAME **RODRIGUEZ, FERMIN**
STREET ADDRESS **4675 PONCE DE LEON BLVD SUITE 305**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, MARIA T**
STREET ADDRESS **4675 PONCE DE LEON BLVD SUITE 305**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, MARIA B**
STREET ADDRESS **4675 PONCE DE LEON BLVD SUITE 305**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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: **F. RODRIGUEZ** 8/26/98 305-666-5222

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FILED
Sep 03 1998 8:00am
Secretary of State



CR2E034 (5/98)