FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90014 023 ***150.00

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 # P94000076559 1. Corporation Name

JOSE OJEA	A CONSTRUCTION, INC.	•							
Principal Place of	Business	Mailing Address		·		[ii 20 11) 2011 0011 00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
380 CELESTIAL WA	at the contract of the contrac	380 CELESTIAL WAY							
APT 2	"	APT 2				DO NO	OT WRITE IN TH	IS SPACE	
JUNO BEACH FL 3	1340B	JUNO BEACH FL 33408				3. Date Incorporated or C		IS SI ACL	
2.2							(uameu	•	1
· .						10/17/1994 4. FEI Number		Ann	lied For
2. Principal Place	e of Business	2a. Mailing Address				•	• •		Applicable
21		26	_			65-0547348		\$8.75 A	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				Certificate of Status De	esired 🗌	Fee Rec	1
22		27 City & State				6. Election Campaign Fir	ancing	\$5.00 N	Aav Be
City & State		ļ-¬				Trust Fund Contributio		Added to	
23		28	Cour	atry		8. This corporation owes		Intangible	
Zip	Country		30	,		Personal Property Tax		☐Yes	□No
24	25	Desistand Agent	30			10. Name and Address of	f New Register	ed Agent	
* !	9. Name and Address of Current	Kadisteled Adent		81 Nam	ie .			_	j
OJEA	JOSE L]			(D. O. D Northeric Med	Acceptable)		
	LESTIAL WAY			82 Stre	et Addres	ss (P.O. Box Number is Not	Acceptable)	C. S. LONGER C. TEST CA.	
APT 2			ì	83		100	11.50	er vi estat	
	BEACH FL 33408	*** **********************************				1.535.36.30	公约,我也到明了		6"1 (8) (8)
	· · · · · · · · · · · · · · · · · · ·	•	[84 City			F	85 Zip C	
010 000 000 000 000 000 000 000 000 000	<u> </u>						t for the purpose	of changing its	registered
	the remaining of Continue 607 0502	and 607 1508 Florida Statut	tes, the at	bove-nam	ed corpoi	ration submits this statemen			internal
11. Pursuant to office or region agent. I am	the provisions of Sections 607.0502 istered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, Florida Statut of Florida. Such change was a ions of, Section 607.0505, Flo	tes, the at authorized orida Statu	bove-nam I by the co utes.	ed corpoi rporation	ration submits this statement's board of directors. I here	by accept the ap	pointment as reg	istered
OLONIATUDE						when reinstating)	DATE		
SIGNATURE SIGNATURE	pnature, typed or printed name of registered agent	and title if applicable. (NOTE					DATE	AND DIRECTO	RS IN 12
SIGNATURE SIGNATURE 12.	gnature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	E: Registered	Agent signate		when reinstating)	DATE		
SIGNATURE SIGNATURE TITLE	onature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	E: Registered	Agent signati		when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND	and title if applicable. (NOTE	13. 1.1 TII	Agent signati	re required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS 3	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2	and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent signation	re required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature TLE	re required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI	Agent signation TLE AME TREET ADDRE	re required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 N ⁴ 1.3 ST 1.4 CI 2.1 TII	Agent signature TLE AME TREET ADDRE TY-ST-ZIP TLE AME	ere required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signature TLE TREET ADDRE TY-ST-ZIP TLE TREET ADDRE	ere required v	when reinstating)	DATE	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signature. TLE AME TREET ADDRE TY-ST-ZIP TLE AME TREET ADDRE TREET ADDRE	ere required v	when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT	Agent signation TLE AME REET ADDRE TY-ST-ZIP TLE AME TREET ADDRE TTY-ST-ZIP TLE TTY-ST-ZIP TLE	ere required v	when reinstating)	DATE	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	Agent signation TLE AME TREET ADDRE TY-ST-ZIP TLE AME TREET ADDRE TITY-ST-ZIP TLE AME AME AME AME	SSS	when reinstating)	DATE	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	Agent signation TLE MME TREET ADDRE TY-ST-ZIP TLE AME TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE	SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C	Agent signative TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME TREET ADDRE	SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTO	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TREET ADDRE ITY-ST-ZIP TREET ADDRE ITY-ST-ZIP	SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 N	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME	SSS SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S'	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE TREET ADDRE	SSS SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 C	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE TREET ADDRE TITY-ST-ZIP TLE AME TREET ADDRE TITY-ST-ZIP TLE MAME TREET ADDRE	SSS SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable (NOTE D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NV 2.3 ST 2.4 CF 3.1 TI 3.2 NV 3.3 S' 3.4 CF 4.1 TI 4.2 NV 4.3 S' 4.4 CF 5.1 TI	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE TREET ADDRE	SSS SSS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITH	SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 CC 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	Agent signative file for the file file file file file file file fil	SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 S' 3.4 CC 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	Agent signation TLE MME IREET ADDRE TY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE ITHE TREET ADDRE ITY-ST-ZIP TLE ITHE TREET ADDRE ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE ITHE TREET ADDRE ITY-ST-ZIP TLE ITHE TREET ADDRE ITY-ST-ZIP	SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OJEA, JOSE L 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408 D OJEA, ENA 380 CELESTIAL WAY APT 2 JUNO BEACH FL 33408	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 CC 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	Agent signation TLE MME TREET ADDRE TY-ST-ZIP TLE AME TREET ADDRE TREET ADRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TRE	SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	when reinstating)	DATE S TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS