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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000072931**1. Corporation Name

ESTEBAN CAMPOS CONSTRUCTION CO.

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Principal Place of Business Mailing Address 4170 PINE GLADE ROAD 4170 PINE GLADE ROAD WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406							DO NOT WRITE IN THIS SPACE					
	,							Date Incorporated or Qualifed 08/22/1997	IE IN ITIIS	SPACE		
2. Principal P	Place of Business	2a.	Mailing Address				4.	FEI Number			Appli	ed For
21		26						65-0586230_			Not A	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			 -	5.	Certifcate of Status Desired		•	75 Add e Requ	-
City & Stat	te		City & State				6.	Election Campaign Financing		\$5.	00 ма	ay Be
23		28				<u>.</u>]	Trust Fund Contribution			ded to F	
Zip	Country		Zip	Cour	ntry			This corporation owes the curr	rent year Int	_=		_
24	25	29		30		. —		Personal Property Tax.		☐ Yes]No
}	9. Name and Address of Curr						_10.	Name and Address of New I	Registered	Agent	•	
AGU	JAS, VICENTE H	್ಕನ್ ಕ	3 3 3 1 F	Ì	81	Name		•				
2702	2 27TH LANE	(C)9 (1)			82	Street Addre	ss (P	O. Box Number is Not Accept	able)			5 - 0 - 46
LAK	E WORTH FL 33463				83			(對於自治) 经算件		1 7 4	1	
				ļ	84	City		(多致,特色) 的线域	FI	85	Zip Coc	de
office or r	to the provisions of Sections 607.00 registered agent, or both, in the Stat	te of Florid	 a. Such change was a 	authorized	by th	named corpor he corporation	ration	submits this statement for the ard of directors. I hereby accept	purpose of ot the appoin	changing ntment a	j its reg s regis	gistered tered
agent. I a	im familiar with, and accept the obliq	gations of,	Section 607.0505, Flo	orida Statu	tes.	·					_	
SIGNATURE	Signature hand as added as a decision of	*	(ana) - bla (410)	C.D.		-1			DATE -			
	Signature, typed or printed name of registered a				Agent :	signature required v		oinstating)	DATE EICERS AN	D DIREC		
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A			13.		signature required v	A	ADDITIONS/CHANGES TO OF				
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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 legisl 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 697. 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

CITY-ST-ZIF

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90068 028 ***150.00