

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90047 034 ***158.75

DOCUMENT # **P98000077436** ✓
1. Corporation Name
TEAMCA INTERNATIONAL INC

Principal Place of Business: **7187 FOUNTAINEBLEAU BLVD SUITE #7 MIAMI - FL 33172**
Mailing Address: **9187 FOUNTAINEBLEAU BLVD SUITE #7 MIAMI - FL 33172**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	09-08-1998
4. FEI Number	65-0862165
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ANDRES CARDARELLI
9187 FOUNTAINEBLEAU BLVD
SUITE #7
MIAMI - FL 33172**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1401, 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 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (If title "Registered Agent" appears required when registering)

12. OFFICERS AND DIRECTORS	
11 TITLE	D.P.S. ANDRES CARDARELLI <input type="checkbox"/> DELETE
12 NAME	ANDRES CARDARELLI
13 STREET ADDRESS	9187 FOUNTAINEBLEAU BLVD
14 CITY-ST-ZIP	SUITE #7 MIAMI FL 33172
15 TITLE	<input type="checkbox"/> DELETE
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> DELETE
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> DELETE
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> DELETE
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D.V.T. ANTONIO E. CARDARELLI
13 STREET ADDRESS	9187 FOUNTAINEBLEAU BLVD SUITE 7
14 CITY-ST-ZIP	MIAMI, FLORIDA 33172
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

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 **ANDRES CARDARELLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-99 (315) 226-7890
Date Daytime Phone #