COND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086689

THE SERVICE TEAM, INC.

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. 7-12-99 SRE TOUGE TOUT 2 SIGNATURE:

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90023 047 ***150.00

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305-252

0867

Date

19000 S.W. ROTH AVENUE	Mailing Address			1				
18020 S.W. 89TH AVENUE 18020 S.W. 89TH AVENUE				1				
MIAM! FL 33157 MIAM! FL 33157				DO NOT WRITE IN THIS CRACE				
				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified			-	
	T			10/09/1998				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 67-0768571		Applied F		
21	26 =			61-08085 11		Not Applic		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired]	3.75 Addition	ial {	
22	27					Fee Required	 ∤	
City & State	City & State			6. Election Campaign Financing		5.00 May Be		
23	28			Trust Fund Contribution L	<u> </u>	Added to Fees		
Zip Country	Zip	Cou	ntry	8. This corporation owes the current y		\		
24 25	29	30		Intangible Personal Property.	Ye:		}	
9. Name and Address of Current	Registered Agent		-41	10. Name and Address of New Regis	tered Agen	<u>t</u>		
ORTIZ, JORGE E			81 Name				1	
18020 S.W. 89TH AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)				
	•							
MIAMI FL 33157			83					
ŧ			84 City		105	Zip Code		
			84 City		FL 85	Zip Code		
11: Pursuant to the provisions of sections 607.0502 a office or registered agent, or both, in the State of	ind 607.1508, Florida Statut	es, the abo	ove-named corpo	pration submits this statement for the purpos	e of changin	g its registered	,	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida. Such change was	authorized	d by the corporati	ion's board of directors. I hereby accept the	appointmen	nt as registered	i	
. ,	3113 01, 30000011 001 .0000, 11	orida otat	alco.					
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Register	red Agent signature req	quired when reinstating)	DATE		٠ _	
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS IN	12	
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July 12, 1999

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

Ref.:THE SERVICE TEAM
P98000086689

Dear Sir (Madam):

The purpose of this letter is to respectfully request an abatement of the penalty for late filing of my annual report.

When I received the first notice I did not know what it was since this is the first time that I have a corporation. I then spoke to one of the paralegals at the attorney,s office who told me that the notice had to be an error since I incorporated in 10-9-1998.

When I showed the second notice to my accountant we called your office and explained what happened and we were told to prepare an explaination in writing and make payment for the \$ 150 I owe.

Please accept my apology for this inconvenience. Now that I know the requirement it will not happen again.

Sincerely,

zge Ortiz

President

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