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FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M37389

(7)

1. Corporation Name

A - TEAM OFFICE PRODUCTS, INC.

Principal Place of Business

2454 N.W. 94TH AVE.  
MIAMI FL 33172  
US

Mailing Address

2400 NW 94 AVENUE  
5935 SW 8TH STREET  
MIAMI FL 33172  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2708795

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, YOLANDA  
5935 SW 8TH STREET  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME PD  
STREET ADDRESS RODRIGUEZ, JOSE A.  
CITY-ST-ZIP 5935 SW 8TH ST  
MIAMI FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS SOLER, OCTAVIO A.  
CITY-ST-ZIP 5935 SW 8TH ST  
MIAMI FL

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS RODRIGUEZ, YOLANDA  
CITY-ST-ZIP 5935 SW 8TH ST  
MIAMI FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS RODRIGUEZ, EMMA E.  
CITY-ST-ZIP 5935 SW 8TH ST  
MIAMI FL

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

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME Rodriguez, Jose  
1.3 STREET ADDRESS 2454 NW 94 AVE  
1.4 CITY-ST-ZIP Miami, FL 33172

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME Soler, Octavio  
2.3 STREET ADDRESS 2454 NW 94 AVE  
2.4 CITY-ST-ZIP Miami, FL 33172

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME Rodriguez Yolanda  
3.3 STREET ADDRESS 2400 NW 94 Avenue  
3.4 CITY-ST-ZIP Miami, FL 33172

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME Rodriguez, Emma  
4.3 STREET ADDRESS 2454 NW 94 AVE  
4.4 CITY-ST-ZIP Miami, FL 33172

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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)(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.

SIGNATURE:

*[Signature]*

01-16-98 (305) 471-5858

CR2E034 (10/97)