

SECOND 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).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90006 032 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # M37389

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~~ *Delete*
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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 2400 N.W. 94th AVENUE

27 Suite, Apt. #, etc.

28 City & State

MIAMI, FLORIDA

29 Zip Country

33172

30 USA

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

RODRIGUEZ, YOLANDA

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

2400 N.W. 94th AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33172

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 **YOLANDA RODRIGUEZ**

07/06/99

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 **2454 NW 94 AVE**
MIAMI FL 33172

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SOLER, OCTAVIO A.**
CITY-ST-ZIP **2454 NW 94 AVE**
MIAMI, FL 33172

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **RODRIGUEZ, YOLANDA**
CITY-ST-ZIP **2400 NW 94 AVE**
MIAMI FL 33172

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **RODRIGUEZ, EMMA E.**
CITY-ST-ZIP **2454 NW 94 AVE**
MIAMI FL 33172

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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:

Yolanda Rodriguez

(305) 471-5858

CR2E034 (5/99)



2454 N.W. 94th Avenue • Miami, Florida 33172 • Phone: (305) 471-5858 • Fax: (305) 471-9711

590326-90006-32
M37389

July 7, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference: 1999 Annual Report
A-Team Office Products

As per our telephone conversation today with a person that identified himself as Andy N., we are sending you this letter to inform that this 2nd notice received today is our 1st notice regarding the 1999 Annual Report. The notice we received has the incorrect address scratched from the cover and it seems the first notice was never delivered by the post office.

Mr. Andy N. instructed us to enclose this letter with the payment for \$ 150.00 due on the first notice. We have noted the mailing address correction block 2a. and the registered agent new address block 10 on the document # M37389 which will ensure we receive this document on time next year.

Please contact our office if you need additional information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jose A. Rodriguez".

Jose A. Rodriguez
President

Jar/ys

Enc. Annual Report #M37389
 Check 13598
 Report Back cover w/ incorrect address