

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 SEP 29 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # ~~1194000001469~~ **P94000012952**
 1. Corporation Name
TEAM MEDITERRANEO, CORP.

Principal Place of Business Mailing Address
599 Glenridge Rd.
Key Biscayne, Fl. 33149

2. Principal Place of Business
21 318 Gulf Rd.
 Suite, Apt. #, etc.
22
 City & State
23 Key Biscayne, FL
 Zip Country
24 33149 25 USA

2b. Mailing Address
26 318 GULF RD
 Suite, Apt. #, etc.
27
 City & State
28 KEY BISCAYNE, FL.
 Zip Country
29 33149 30 U.S.A.

3. Date Incorporated or Qualified **3/3/94** 3a. Date of Last Report
 4. FEI Number **65-0530570** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 ANTONUCCI, AMADEO
 599 GLENRIDGE ROAD
 KEY BISCAYNE FL

10. Name and Address of New Registered Agent
81 Name AMADEO ANTONUCCI
82 Street Address (P.O. Box Number is Not Acceptable) 318 GULF ROAD
83
84 City KEY BISCAYNE FL 85 Zip Code 33149

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]* (NEE) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<input checked="" type="checkbox"/> AMADEO ANTONUCCI
STREET ADDRESS	599 GLENRIDGE ROAD
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> CESAR ANTONUCCI
STREET ADDRESS	599 GLENRIDGE ROAD
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	President, Treasury AMADEO ANTONUCCI
13 STREET ADDRESS	318 GULF ROAD
14 CITY-ST-ZIP	KEY BISCAYNE, FL, 33149
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICE-PRESIDENT-SECRETARY CESAR ANTONUCCI
23 STREET ADDRESS	318 GULF ROAD
24 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	600002300750
43 STREET ADDRESS	-10/01/97--01073--020
44 CITY-ST-ZIP	****550.00 ****550.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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]* DATE: **09/10/97** DAYTIME PHONE #: **888-5212**

CR2E034 (9/96)