

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90270 021 \*\*\*150.00

0221022

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000012952**

1. Corporation Name  
**TEAM MEDITERRANEO CORP.**



Principal Place of Business 318 GULF ROAD KEY BISCAVNE FL 33149 US	Mailing Address 318 GULF ROAD KEY BISCAVNE FL 33149 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/03/1994</b>	
4. FEI Number <b>65-0530570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
--	---	---------------

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONUCCI, AMADEO  
 318 GULF ROAD  
 KEY BISCAVNE FL 33149

81 Name <b>ANTONUCCI, CESAR</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>318 GULF ROAD</b>		
83		
84 City <b>KEY BISCAVNE</b>	FL	85 Zip Code <b>33149</b>

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]* (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input checked="" type="checkbox"/>
NAME	ANTONUCCI, AMADEO	
STREET ADDRESS	318 GULF ROAD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	VPS	<input type="checkbox"/>
NAME	ANTONUCCI, CESAR	
STREET ADDRESS	318 GULF ROAD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PT	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ANTONUCCI, CESAR		
1.3 STREET ADDRESS	318 GULF ROAD		
1.4 CITY-ST-ZIP	KEY BISCAVNE FL 33149		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **04/15/99** 305 365 03 84 Daytime Phone #

CR2E034 (11/98)