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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Suzanne B. Martigan

Secretary of State

DEPARTMENT OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025213 (7)

1. Corporate Name:

SMALL BUSINESS TEAM INC.

1995 ANNUAL REPORT	Mailing Address	
1915 BRICKELL AVENUE STE. C1611 MIAMI FL 33129	1915 BRICKELL AVENUE STE. C1611 MIAMI FL 33129	
2. Present Status of Business	3a. Mailing Address	
21 Sole Apt. # etc	26	
22 City & State	27 City & State	
23 Zip	28 Country	
24 25	29 Zip	30 Country
9. Name and Address of Current Registered Agent		
<b>CORPORATE CREATIONS ENTERPRISES INC.</b> <b>4521 PGA BLVD. STE. 211</b> <b>PALM BEACH GARDENS FL 33418</b>		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1994	N/A
4. FEI Number	Applied For <b>65 - 0483527</b> 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
7. This corporation is liable for stamp taxes under G-192-030 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits the 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, if different from the name on the document)

(Signature typed or printed name, if different from the name on the document)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D NAME FRIEDMAN, MORTON N C/O 1915 BRICKELL AVENUE STE. C1611 MIAMI FL 33129	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY ST ZIP	
OFFICER	D NAME MOO-YOUNG, DANA M C/O 1915 BRICKELL AVENUE STE. C1611 MIAMI FL 33129	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY ST ZIP	
OFFICER		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY ST ZIP	
OFFICER		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
OFFICER		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
OFFICER		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(1)(a), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the Report of an Annual Report with all initials.

4/23/95 (905)-856-1911

SIGNATURE: *Morton N Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR