

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY 14 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000011396 (4)

1. Corporation Name

MISSION TEAM, CORP.

Principal Place of Business

501 MILLER ROAD
CORAL GABLES FL 33146
US

Mailing Address

501 MILLER ROAD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

APPLIED FOR Please see attached

☒ 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

21 501 Miller Road

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, Florida

Zip

24 33146

Country

25 U.S.

2a. Mailing Address

26 501 Miller Road

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, Florida

Zip

29 33146

Country

30 U.S.

9. Name and Address of Current Registered Agent

GONZALEZ-LLORENTE, JOSE M
501 MILLER ROAD
CORAL GABLES FL 33146

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 both for change in title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ-LLORENTE, JOSE M
STREET ADDRESS 501 MILLER ROAD
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME GONZALEZ, LILIA M
STREET ADDRESS 501 MILLER ROAD
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

300002532143--0
-05/21/98--01095--020
****150.00 ****150.00

☐ Change ☐ Addition

☐ Change

☐ Change ☐ Addition

☐ Change

☐ Change ☐ Addition

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 registered 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 of an agent with an address.

SIGNATURE

JOSE H. GONZALEZ-LLORENTE APRIL 24, 1998

CP2E034 (10/97)