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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000013014

1. Corporation Name

THE MISSION GROUP, INC.

Principal Place of Business

1780 A LENOX AVENUE
MIAMI BEACH FL 33139

Mailing Address

POST OFFICE BOX 398741
MIAMI BEACH FL 33239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1996

4. FEI Number

65-0675426

Applied For

No: 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

407 Lincoln Road

2a. Mailing Address

407 Lincoln Road

Suite, Apt. #, etc.

Suite 4L

Suite, Apt. #, etc.

Suite 4L

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

9. Name and Address of Current Registered Agent

TSIMORTOS, PAUL N
1780 A LENOX AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Paul N. Tsimortos

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

407 Lincoln Road-Suite 4L

83

Miami Beach, Florida 33139

84 City

Miami Beach,

FL

85 Zip Code

33139

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 Paul N. Tsimortos, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D
STREET ADDRESS TSIMORTOS, PAUL N
CITY-ST-ZIP C/O 1780 A LENOX AVENUE
MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Paul N. Tsimortos
407 Lincoln Road-Suite 4L
Miami Beach, Florida 33139

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(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 empowers.

SIGNATURE: Paul N. Tsimortos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 534-0840

CR2E034 (1/98)