
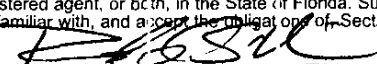


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90251 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100405			
1. Corporation Name TEAM MINERAL, INC.			
Principal Place of Business 9990 SW 77 AVENUE SUITE 203 MIAMI FL 33156 US		Mailing Address 9990 SW 77 AVENUE SUITE 203 MIAMI FL 33156 US	
2. Principal Place of Business 21 9990 SW 77 Ave Suite, Apt. #, etc. 22 PH 4A City & State 23 MIAMI, FLORIDA Zip 24 33156 Country 25 USA		2a. Mailing Address 26 9990 SW 77 Ave Suite, Apt. #, etc. 27 PH 4A City & State 28 MIAMI FLORIDA Zip 29 33156 Country 30 USA	
9. Name and Address of Current Registered Agent NISONSON, RONALD S 9990 SW 77 AVENUE SUITE 203 MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name RONALD S. NISONSON 82 Street Address (P.O. Box: Number is Not Acceptable) 9990 SW 77 AVENUE 83 Penthouse 4A 84 City MIAMI FL 85 Zip Code 33156	
11. Pursuant to the provisions of Sections 607.0501 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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE:  DATE: 1/11/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME NISONSON, RONALD S STREET ADDRESS 9990 SW 77 AVENUE SUITE 203 CITY-ST-ZIP MIAMI FL 33156		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone #

4/11/98 (305) 275-0222

CR2E034 (11/98)