**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100405

1. Corporation Name

TEAM MINERAL, INC.

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

04-26-1999 90251 038 \*\*\*150.00



Principal Flace	e of Business	Mailing Address				
9990 SW 77 AV		9990 SW 77 AVENUE				
SUITE 203	/CNOL	SUITE 203				
MIAMI FL 33156	8	MIAMI FL 33156		DO NOT WRITE IN THIS S	SPACE	
US		US		Date Incorporated or Qualifed     11/25/1997		
2 Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number 65-0858379	App	lied For
$ \Omega\Omega\Omega\Lambda$	SW 77 942	2a. Mailing Address 26 9990 SW 75	7 446	APPLIED FOR—	<u> </u>	Applicable
21 9990 Suite, (spt.		Suite, Apt. #, etc.	<u></u>	ATTEMENT OF	\$8.75 A	
22 PH 4	#, etc.	27 PH 44		5. Certificate of Status Desired	Fee Re	uired
City & State		City & State  MIAM( FC)		6. Efection Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country USA	8. This corporation owes the current year inta		
24 35 5	6 25 US 4	29 3315(2) 3	OSA	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
		· <del></del>	81 Name R	ONALD S. NISONSON	J	ļ
NISONSON, RONALD S						
	) SW 77 AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable) Sw 77 Avenue		
SUITE 203			83 ()			
MIAN	MI FL 33156		Penth	louse 4 A		
			84 City M1 K	IMI FL	85 Zip C 33/	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the annve-named curbs	oranon submis inis statement for the bulbuse ut c	hanging its r	egistered
fice or re	egistered agent, or both, in the State of m familiar with, and a copy the cooligat	f Florida. Such change was aut	horized by the corporatio	on's board of directors. I hereby accept the appoin	tment as reg -	istered
!	widi, and artiful at the district	or opposedant our loods, i isik	ia ciatutes.	1/11/99	7	i
SIGNATURE	Signature, typed or printed in me of registered agen:	and title if applicable (NOTE. 8	Registered Agent signature required	when reinstating) DATE		— \
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	NISONSON, RONALD S		1.2 NAME			)
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	MIAMI FL 33156	•				
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CITY-ST-ZIP			2.4 CITY-ST-ZIP			
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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 ε nnual 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR