FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90015 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS....

DOCUMENT #	P98000001749
4 Oamassal-a Nama	

TEAM 7, INC.

Principal Place of Business 2436 S.W. 56TH TERRACE

Mailing Address

2436 S.W. 56TH TERRACE

HOLLYWOOD FL 33023		HOLLYWOOD FL 33023		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 01/05/1998			
2	. Principal Place of Business	2a. Mailing Add	ress	4. FEI Number	Applied For		
21]	26		65.08040 38	Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	Zip Country	Zip	Country	8. This corporation owes the current year int			
24	25	29	30	Personal Property Tax.	Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	MARTIN, OSWALDO 2436 S.W. 56TH TERRACE		82 St	reet Address (P.O. Box Number is Not Acceptable)			
	HOLLYWOOD FL 33023		93				

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.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature require		_ [6
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ ક
TITLE	DELETE	1.1 TITLE	☐ Change ☐ Addib	lon 3
NAME	Madia Oswaldo	1.2 NAME	•	
STREET ADDRESS	Martia Oscialdo angle stussia less	1.3 STREET ADDRESS		3
CITY-ST-ZIP	Holperd RIXXI	1.4 C/TY-ST-ZIP		_ {
ITILE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	on 🤇
NAME		2.2 NAME		- 1
STREET ADDRESS		2.3 STREET ADDRESS		- }
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TILE	☐ Change ☐ Addition	on
NAME.		3.2 NAME		- {
STREET ADDRESS		3.3 STREET ADDRESS		
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NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP		4.4 CITY-ST-ZIP		_
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NAME		52 NAME		1
STREET ADDRESS		5.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP		4
TITLE	☐ OELĘTE	6.1 TITLE	☐ Change ☐ Addition	on
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	,	1
CITY-ST-ZIP		6.4 CRY-ST-ZIP		

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.

85 Zip Code