FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 AM 11:04

DOCUMENT # 514202 (1)

1. Corporation Name

TIM-COR, INC.

Principal Place of Business: 1800 W. 8TH AVE. HIALEAH FL 33010

Mailing Address: 1800 W. 8TH AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1976

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1722126

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 has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business (21–25) | 2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

LOTT, GEORGE J.
5975 SUNSET DR #302
MIAMI FL 33143

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

12. OFFICERS AND DIRECTORS

Title	P
Name	~~CORDOVA, SERGIO~~
Street Address	~~5660 WEST 44TH AVE.~~
City-St-Zip	~~HIALEAH FL~~
Title	TS - P
Name	POLI, JOSE R.
Street Address	14476 S.W. 44TH STREET
City-St-Zip	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. [ ] Change [ ] Addition

REMITTED BY MAY 1

14. I do 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.

SIGNATURE: Jose R. Poli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 887-3719

Date / Daytime Phone

0076497 CP