

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE ABOVE DATE IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: (\$75)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:19

DOCUMENT # L91376 (8)

1. Corporation Name
WATCH TIME, INC.

Principal Place of Business Mailing Address
38 NE 1ST AVE. MIAMI FL 33132 **38 NE 1ST AVE. MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1990	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0282153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election (Complete Fields in) Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under a 199 (1)? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sute, Apt #, etc	26 Sute, Apt #, etc
22 City & State	27 City & State
23 Zn Country	28 Zn Country
24	25
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SALIM VIRANI 38 NE 1ST AVENUE MIAMI FL 33132				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 _____ DATE _____
(Signature typed or printed name of registered agent and fee if applicable) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIM VIRANI	12 NAME	
STREET ADDRESS	38 NE 1ST AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULNAZ VIRANI	22 NAME	
STREET ADDRESS	13200 N. CALUSA CLUB DR	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 of this report, or on an attachment with an address.

SIGNATURE: SALIM VIRANI (President) 6/28/95
(Signature typed or printed name of signing officer or director)

CR2E034 (3-95)