

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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000041404 (0)

1. Corporation Name  
ZGAR TIME, INC.



Principal Place of Business: C/O LAW OFFICES OF LIONEL BARNET PA, 9100 S DADELAND BLVD #404, MIAMI FL 33156  
Mailing Address: C/O LAW OFFICES OF LIONEL BARNET PA, 9100 S DADELAND BLVD #404, MIAMI FL 33156-7819

3. Date Incorporated or Qualified: 05/09/1996  
3a. Date of Last Report

2. Principal Place of Business: 21 1880 NW 97th Avenue, Suite, Apt. #, etc.

22 City & State: 23 Ft. Lauderdale, Fla.

24 Zip: 25 33352, Country: 26 U.S.A.

4. FEI Number: 65-0684156  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: LAW OFFICES OF LIONEL BARNET PA, 9100 S DADELAND BLVD #404, MIAMI FL 33156

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNET, LIONEL	
STREET ADDRESS	9100 S DADELAND BLVD #404	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRAIG DORN	
1.3 STREET ADDRESS	1880 NW 97th Ave.	
1.4 CITY-ST-ZIP	Ft. LAuderdale, Fla. 33322	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID DORN	
2.3 STREET ADDRESS	1880 NW 97th Ave.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33322	
3.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACINTO L. AYALA	
3.3 STREET ADDRESS	1880 NW 97th Ave.	
3.4 CITY-ST-ZIP	Ft. LAuderdale, Fla. 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, in an attachment with an address.

SIGNATURE: \_\_\_\_\_ LIONEL BARNET 1/24/97 (305) 670-7887

CR2E034 (9/96)