

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055365 (8)

1. Corporation Name

MILLENIUM TIME, INC.



Principal Place of Business

401 BISCAYNE BLVD.
#S-149
MIAMI FL 33131

Mailing Address

401 BISCAYNE BLVD.
#S-149
MIAMI FL 33131

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

TODYWALA, SAM
401 BISCAYNE BLVD.
#S-149
MIAMI FL 33131

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0510228

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

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 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the office of the Secretary of State. I am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, the Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to file this statement

Signature of New Registered Agent (Signature required when registering)

Director

04/30/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOODALL, ALLEN H
STREET ADDRESS 2441 SWANSON AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE D
NAME ARIAS, ELIZABETH B
STREET ADDRESS 2441 SWANSON AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE D
NAME ARIAS, SANDY
STREET ADDRESS 6211 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015 ☐ DELETE

TITLE D
NAME ARIAS, RIENA
STREET ADDRESS 6211 N.W. 197TH TERRACE
CITY-ST-ZIP MIAMI FL 33015 ☐ DELETE

TITLE D
NAME TODYWALA, SAM
STREET ADDRESS 9249 S.W. 138TH PL.
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

TITLE D
NAME PORBANDERWALA, MINAZ
STREET ADDRESS 13932 S.W. 93RD LANE
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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)(k), 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 (305) 379-1701

CR2E034 (12/95)