**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F54870

1. Corporation Name

TIME AND MONEY SAVERS, INC.

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90049 045 \*\*\*150.00



Principal Place of Business   Mailing Address								<u> </u>		
MAMI FL 33147	Principal Place	of Business	Mailing Address				[ [\$841\$0 (101 \$1111 \$198; 16111 19011 \$841 \$1	\$11 <b>810</b> 11 <b>0</b> 1011 <b>0</b> 1011 1	J1861 81986 1891	
DO NOT WRITER IN THIS SPACE  3. Data Incorporated or Qualifed 12/28/1981  2. Principal Place of Business 2. 2a. Mailing Address 2b. Suite, Apt. 4, etc. 2c. Suite, Apt. 5, etc. 2d. Suite, Apt. 6, etc. 2d. Suite, Apt. 6, etc. 2d. Suite, Apt. 7, etc	103-42 N.W. 27	AVENUE	103-42 N.W. 27 AVENUE	103-42 N.W. 27 AVENUE			1			
2. Principal Piace of Business   2a. Maining Address   4. FEI Number   Applied for   Not Applicable   South Apt. # dec.   Sout	MIAMI FL 3314	7	MIAMI FL 33147				DO NOT WRITE IN THIS SPACE			
2. Principal Pilace of Business   2. Mainty Address   5. St.   5		,					3. Date Incorporated or Qualifed			[
2. Principal Pilace of Business   2. Mainty Address   5. St.   5	¢.						12/28/1981			i
Suite	2. Principal P	lace of Business	2a. Mailing Address					. Ap	plied For	
City & State   City	21		26	26			59-2186342	Nc	ot Applicable	
City & State   27	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			l
Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees	<del></del>									-
Zip	<del></del> ,	9	<b>⊢</b> ′							
3. Name and Address of Current Registered Agent  GUSIDO, GILBERTO G130 SW 82 A/ENUE MIAMI FL 33143  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation's board of directors. I hereby secret the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation's board of directors. I hereby secret the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation's board of directors. I hereby secret the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corp		Country		C	ountry	,			lo rees	l
GUSIDO, GILBERTO G130 SW 92 AVENUE MIAMI FL 33143  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the objections of, 50c5 florids. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the objections of, 5ection 607 0505, Florids. Statutes.  SIGNATURE Signature. The provisions of Sections 607 0505 inches of Notions of Viole (Notice Indicators). I in the state of Florids. Statutes of Honday agent. I am familiar with, and accept the objections of, Section 607 0505, Florids Statutes.  SIGNATURE Signature. The provisions of sections 607 0505 inches of Notions (Notice Indicators). I in the state of Florids. Statutes.  SIGNATURE Signature. The provisions of registered agent agent are the provisions of section 607 0505, Florids Statutes.  SIGNATURE Signature. The purpose of protect finance of registered allows registered regist			<del> </del>		,				□No	
GUSIDO, GILBERTO 6130 SW 82 AVENUE MIAMI FL 33143  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip C						···		ed Agent		l
6130 SW 82 AVENUE MIAMI FL 33143  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 697,0502 and 607,1508, Florida Statutes, above-named corporation submits this statement for the purpose of changing its registatered agent, and familiar with, and accept the obligations of, Section 697,0508, Florida Statutes.  SIGNATURE    Signature   Pince   P					81	Name				
MIAMI FL 33143  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 6502 and 607.1508. Florids Stabtles, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent and the first purpose of change of majuror agent and the first purpose of change and the provision of the object of the					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>		l
Sections 607/0502 and 507/1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, or both in the State of Florida, Statutes.    SIGNATURE					-		dis (r.e. box ranteer to ret verspress)			
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 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 office or registered agent, or both, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  2SIGNATURE  3Signature, typed or pretize manner of registered agent and talls if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CUSIDO, GILBERTO  12 ITILE  DOBLETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZP  MIAMI FL  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.5 CHange  Addition	MIAN	WI FL 33143			83			-		ŀ
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 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 office or registered agent, or both, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  2SIGNATURE  3Signature, typed or pretize manner of registered agent and talls if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CUSIDO, GILBERTO  12 ITILE  DOBLETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZP  MIAMI FL  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.5 CHange  Addition					84	City		- 85 Zip f	Code	ļ
orifice 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 and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD D DELETE  1.1 TITLE  CUSIDO, GILBERTO  1.2 NAME  CUSIDO, GILBERTO  1.3 STREET ADDRESS  CITY- ST- ZPP  MIAMI FL  1.4 CITY- ST- ZPP  MAMI FL  DELETE  2.1 TITLE  DELETE  2.3 TITLE  2.2 NAME  2.2 STREET ADDRESS  CITY- ST- ZPP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  3.1 TITLE  3.1 TITLE  3.1 TITLE  4.1 TITLE  4.1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  II A CITY- ST- ZPP  II A C							<b></b>	<b>-L</b>   _		l
Signature, Nyand or protected rate of impositenced agents and table if applications.   Institute   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   In 12	office or r	egistered agent, or both, in the St	tate of Florida. Such change was	authoriz	ed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its pointment as re	registered gistered	
Signature, Nyand or protected rate of impositenced agents and table if applications.   Institute   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   In 12	SIGNATURE									l
TITLE						nt signature require	37			1
NAME   CUSIDO, GILBERTO   12 NAME   1.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   Change   Addition   Additi							ADDITIONS/CHANGES TO OFFICERS			1
STREET ADDRESS   10342 NW 27 AVE								□ Change		
MIAMI FL		T		1		TADDOFFE				1 3
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STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP			☐ DELETE	3.1	TITLE			Change	☐ Addition	
CITY-ST-ZIP	NAME			3.2	NAME				Ì	
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A3 STREET ADDRESS   A3 STREET ADDRESS   A4 CITY-ST-ZIP   TITLE   Change   Addition	TITLE	e e e	☐ DELETE			}		∐ Change	∐ Additioก	}
### CITY-ST-ZIP  ###################################	NAME	<b>₹</b> *								
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			<b>—</b> : =3=:=	6.2	NAME					
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14. 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, opon an attachment with an address, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE: X

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #