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

FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K73586 (5)TIME UNLIMITED, INC. Principal Place of Business Mailing Address 9500 S.W. 60TH COURT 9500 S.W. 60TH COURT MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0107892 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BETANCOURT, MERCEDES 9041 FRODE AVE 82 Street Address (P.O. Box Number is Not Acceptable) SURFSIDE FL 33154 83 84 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE BETANCOURT, RENE NAME 1.2 NAME 9500 S.W. 60TH CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE BETANCOURT, ROSA 2.2 NAME 9500 S.W. 60TH CT. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change

Jan 30 1998 8:00am Secretary of State



Applied For

Not Applicable

CR2E034 (10/97

Addition

Addition

Change

Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ Addition Change Change Addition Change ___ Addition Change Addition

6.4 CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accumile and that my signature shall have the same legal effect as if made under oath; that I am an are pred to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fil indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or block 12 or Block 13 if changed, or on an attachment

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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DELETE