

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K81622 (8)

1. Corporation Name
TIME INFORMATICA CORP.



Principal Place of Business

Mailing Address

**4805 NW 79TH AVE
SUITE 1
MIAMI FL 33166**

**4805 NW 79TH AVE
SUITE 1
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**EDUARDO, CARLOS
9591 FOUTAINBLEAU BLVD #223
APT. 7
MIAMI FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date first reported for qualified

04/19/1989

3a. Date of Last Report

01/27/1995

4. FID Number

65-0131158

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

11. Pursuant to the provisions of Sections 607.05(2) and 607.17(3), 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. The officer(s) of the corporation is/are registered agent familiar with, and accept the obligations of, Section 607.03(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICALHO, CARLOS EDUARDO	
STREET ADDRESS	9591 FONTAINBLEAU BLVD #223	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BICALHO, CELESTE AIDA	
STREET ADDRESS	4220 SW 148 PLACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOMES, CARLOS A PEREIRA	
STREET ADDRESS	707 N.W. 111 COURT, #7	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is true and correct and is not a violation of the exemption statute in Section 119.07(3), Florida Statutes. I further certify that the information indicated on this form is true and correct and is not a violation of the exemption statute in Section 119.07(3), Florida Statutes. I further certify that I am an officer or director of the corporation 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 my signature shall have the same legal effect as if made under oath. This report is prepared by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or deleted in agreement with an officer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

592-1182

CR2E034 (12/95)