


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

80923

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90064 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K81622**

1. Corporation Name  
**TIME INFORMATICA CORP.**

Principal Place of Business <del>4005 NW 79TH AVE</del> <del>SUITE 1</del> <del>MIAMI FL 33166</del>	Mailing Address <del>4005 NW 79TH AVE</del> <del>SUITE 1</del> <del>MIAMI FL 33166</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> 4851 NW 79TH AVENUE Suite, Apt. #, etc. <b>22</b> # 9 City & State <b>23</b> MIAMI FLORIDA Zip Country <b>24</b> 33166 <b>25</b> USA	2a. Mailing Address <b>26</b> 4851 NW 79TH AVENUE Suite, Apt. #, etc. <b>27</b> # 9 City & State <b>28</b> MIAMI FLORIDA Zip Country <b>29</b> 33166 <b>30</b> USA
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3. Date Incorporated or Qualified <b>04/19/1989</b>	4. FEI Number <b>65-0131158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**EDUARDO, CARLOS**  
~~9501 FOUNTAINBLEAU BLVD #223~~  
~~APT. 7~~  
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
 16453 SW 97TH STREET  
**83**  
**84** City **MIAMI** **FL** **85** Zip Code **33196**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICALHO, CARLOS EDUARDO	
STREET ADDRESS	9501 FOUNTAINBLEAU BLVD #223	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BICALHO, CELESTE AIDA	
STREET ADDRESS	4220 SW 148 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOMES, CARLOS A PEREIRA	
STREET ADDRESS	707 N.W. 111 COURT, #7	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	16453 SW 97TH STREET
1.4 CITY-ST-ZIP	MIAMI FL 33196
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	925-2 SW 167TH COURT
2.4 CITY-ST-ZIP	MIAMI FL 33196
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4851 N W 79TH AVENUE #9
3.4 CITY-ST-ZIP	MIAMI FL 33166
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bicalho 3/18/99 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)