

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

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L43865

(9)

1. Corporation Name

TIME TEMPTATION INC.

Principal Place of Business

C/O MANSOOR ODHWANI  
109 N.E. 2ND AVE.  
MIAMI FL 33132

Mailing Address

C/O MANSOOR ODHWANI  
109 N.E. 2ND AVE.  
MIAMI FL 33132-2510



3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 C/O MANSOOR ODHWANI

2a. Mailing Address

26 C/O MANSOOR ODHWANI

4. FEI Number

65-0169174

Applied For

Not Applicable

22 Suite, Apt. #, etc.

106 N.E. 2nd Ave.

27 Suite, Apt. #, etc.

106 N.E. 2nd Ave.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

MIAMI, FL

28 City & State

MIAMI, FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24 Zip

33132

Country

USA

29 Zip

33132

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ODHWANI, MANSOOR  
999 S BAYSHORE DR.  
#810  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

ODHWANI MANSOOR

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

999 S BAYSHORE DR.

83

610

84 City

MIAMI

FL

85 Zip Code

33131

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 the Corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME PDS

ODHWANI, MANSOOR

106 N.E. 2ND AVE.

MIAMI FL

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (305) 529-1705

0178777

CR2E034 (9/96)