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5/11/94 - 1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **L64975** (0)

1. Corporation Name
TIME IMPEX INC.

Principal Place of Business: **261 NE 1ST ST, 5TH FLOOR, MIAMI FL 33132, US**

Mailing Address: **C/O HYDERALI SAWANI, P. O. BOX 110440, MIAMI FL 33111, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1990**

3a. Date of Last Report: **05/01/1994**

4. FFI Number: **65-0187946**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under 1993 Florida Statutes: Yes No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. Suite Apt # etc: 27

23. City & State: 28

24. Zip: 25

29. Country: 30

9. Name and Address of Current Registered Agent

**SAWANI, HYDERALI
261 NE 1ST ST
5TH FLOOR
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: **FL**

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 (0502), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (13)	
101. DS NAME: SAWANI, HYDERALI STREET ADDRESS: 261 NE 1ST ST, 5TH FLOOR CITY, STATE, ZIP: MIAMI FL		11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
102. DP NAME: JAMAL, ABDUL SULTAN STREET ADDRESS: 261 NE 1ST ST, 5TH FLOOR CITY, STATE, ZIP: MIAMI FL		12. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
103. VP NAME: SAWANI, PARVEEN STREET ADDRESS: 261 NE 1ST STREET, 5TH FLOOR CITY, STATE, ZIP: MIAMI FL		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
104.		14. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DP
105. NAME: STREET ADDRESS: CITY, STATE, ZIP:		15. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	SHAHBEGUM JAMAL 261 NE. 1ST ST, 5TH FLOOR MIAMI FL. 33132
106. NAME: STREET ADDRESS: CITY, STATE, ZIP:		16. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
107. NAME: STREET ADDRESS: CITY, STATE, ZIP:		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139 (0503), Florida Statutes. I further certify that the information included 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 registered agent authorized by its board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a filing of an annual report with an address.

SIGNATURE: HYDER A. SAWANI

04-25-95 (305) 372-1279