

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47058** (5)
1. Corporation Name
TIME DOLLAR, INC. OF GREATER MIAMI

Principal Place of Business: **6423 COLLINS AVE #505 MIAMI BEACH FL 33141**
Mailing Address: **PO BOX 6307 DELRAY BEACH FL 33484 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1992** 3a. Date of Last Report: **04/08/1994**
4. FEI Number: **65-0299487** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **1234 WASHINGTON AVE** 2a. Mailing Address: 26 **SAME**
Suite, Apt. #, etc.: 22 **205** Suite, Apt. #, etc.: 27
City & State: 23 **MIAMI BEACH FL** City & State: 28
Zip: 24 **33139** Country: 25 **USA** Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**SMALL, NINA D.
5020 D. PETAL PL
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	D
NAME	CAHN, EDGAR S
STREET ADDRESS	6423 COLLINS AVE #505
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	MIYARES, ANNA
STREET ADDRESS	2463 SW 22ND STR #52
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SMALL, NINA
STREET ADDRESS	5020 D PETAL PL
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	CAHN, EDGAR S.
1.4 CITY-ST-ZIP	5500 39th ST N.W. WASHINGTON DC 20015
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	MIYARES, ANNA
2.4 CITY-ST-ZIP	1234 WASHINGTON AVE #205 MIAMI BEACH FL 33139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nina D. Small **NINA D. SMALL** 3/9/95 401-496-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #