

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47058 (5)

1. Corporation Name
TIME DOLLAR, INC. OF GREATER MIAMI



Principal Place of Business 6423 COLLINS AVE. #1201 MIAMI BEACH FL 33141 US	Mailing Address PO BOX 6307 DELRAY BEACH FL 33484 US
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3. Date Incorporated or Qualified
01/29/1992

4. FEI Number 65-0299487	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 6423 Collins Ave. Suite, Apt. #, etc. 22 #801 City & State 23 Miami Beach Zip 24 33141	2a. Mailing Address 26 6423 Collins Ave. Suite, Apt. #, etc. 27 #801 City & State 28 Miami Beach FL Zip 29 33141	Country 25 Dade Country 30 Dade -
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

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 **ANA MIYARES**
 82 Street Address (P.O. Box Number Is Not Acceptable)
6423 Collins Ave.
 83 **#801**
 84 City **MIAMI BEACH** FL 85 Zip Code **33141**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **7/1/98**
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAHN, EDGAR S	
STREET ADDRESS	5500 39TH ST N.W., B	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIYARES, ANNA	
STREET ADDRESS	6423 COLLINS AVE., #1201	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, NINA	
STREET ADDRESS	5020 D PETAL PL	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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		Change	Addition
1.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CAHN Edgar S.		
1.3 STREET ADDRESS	5500 39th St N.W., B		
1.4 CITY-ST-ZIP	Washington DC 20015		
2.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ANA MIYARES		
2.3 STREET ADDRESS	6423 Collins Ave #801		
2.4 CITY-ST-ZIP	Miami Beach FL 33141		
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	NINA SMALL		
3.3 STREET ADDRESS	5020 D Petal Pl.		
3.4 CITY-ST-ZIP	DeLray Beach -		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	800002591338		
5.3 STREET ADDRESS	-07/17/98--01008--002		
5.4 CITY-ST-ZIP	***8.75		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	800002591338		
6.3 STREET ADDRESS	-07/17/98--01008--001		
6.4 CITY-ST-ZIP	***61.25		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **7-1-98** (305) 865-6678
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)