

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N47058

(5)

1. Corporation Name

TIME DOLLAR, INC. OF GREATER MIAMI

Principal Place of Business

Mailing Address

6423 COLLINS AVE.  
#1201  
MIAMI BEACH FL 33141  
US

PO BOX 6307  
DELRAY BEACH FL 33484  
US

FILED  
Jul 16 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

01/29/1992

4. FEI Number

65-0299487

Applied For

Not Applicable

2. Principal Place of Business

21 6423 Collins Ave.

Suite, Apt. #, etc.

22 801

City & State

23 Miami Beach

Zip

24 33141

Country

25 Dade

2a. Mailing Address

26 6423 Collins Ave.

Suite, Apt. #, etc.

27 #801

City & State

28 Miami Beach FL

Zip

29 33141

Country

30 Dade

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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]*  
Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME CAHN, EDGAR S  
STREET ADDRESS 5500 39TH ST N.W., B  
CITY-ST-ZIP WASHINGTON DC 20015  
☐ DELETE

TITLE PD  
NAME MIYARES, ANNA  
STREET ADDRESS 6423 COLLINS AVE., #1201  
CITY-ST-ZIP MIAMI BEACH FL 33141  
☐ DELETE

TITLE STD  
NAME SMALL, NINA  
STREET ADDRESS 5020 D PETAL PL  
CITY-ST-ZIP DEL RAY BEACH FL 33484  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD  
1.2 NAME CAHN Edgar S.  
1.3 STREET ADDRESS 5500 39th St N.W., B  
1.4 CITY-ST-ZIP Washington DC 20015  
☒ Change ☐ Addition

2.1 TITLE CD  
2.2 NAME ANA MIYARES  
2.3 STREET ADDRESS 6423 Collins Ave #801  
2.4 CITY-ST-ZIP Miami Beach FL 33141  
☒ Change ☐ Addition

3.1 TITLE TD  
3.2 NAME NINA SMALL  
3.3 STREET ADDRESS 5020 D Petal Pl.  
3.4 CITY-ST-ZIP Del Ray Beach -  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME 800002591338  
5.3 STREET ADDRESS -07/17/98--01008--002  
5.4 CITY-ST-ZIP \*\*\*8.75  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME 800002591338  
6.3 STREET ADDRESS -07/17/98--01008--001  
6.4 CITY-ST-ZIP \*\*\*61.25  
☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-98 (305) 865-6678  
Date Daytime Phone #

CR2E037 (5/98)