

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000028761 (3)

1. Corporation Name

TIMBER RESOURCES LTD., INC.



Principal Place of Business

13601 SW 107TH ST.  
MIAMI FL 33186  
US

Mailing Address

13601 SW 107TH ST.  
MIAMI FL 33186  
US

2. Principal Place of Business

2a. Mailing Address

21 13002 SW 120 ST

26 13002 SW 120 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 MIAMI, FL

24 Zip

25 Country

29 Zip

30 Country

33186

USA

33186

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/20/1993

3a. Date of Last Report  
06/19/1995

4. FEI Number  
65-0408848

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name SOKOLOW, MARK

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

13061 SW 107 ST

83

84 City MIA

85 Zip Code FL 33186

11. Pursuant to the provisions of Sections 607.0507 and 607.1308, 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 title, if applicable.

MARK SOKOLOW

(NOTE: Registered Agent signature required when reinstating)

2-26-96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE DP  
1.2 NAME SOKOLOW, BONNIE J  
1.3 STREET ADDRESS 13061 SW 107 ST  
1.4 CITY-ST-ZIP MIAMI FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

Date

805 256-9000

Daytime Phone #

CR2E034 (12/95)