SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P93000065508 (2) TIE TIMES, INC. Principal Place of Business Mailing Address 2822 PINETREE DR 2822 PINETREE DR SUITE 1 SUITE 1 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1993 07/28/1995 2. Principa' Place of Business 2a. Mailing Address 4, FEI Number Applied For 26 65-0467942 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes X Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAEZ, JOSE 2822 PINETREE DR Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 MIAMI BCH FL 33140 84 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typical or proceed non-coll registered agent and their applicable. (NOTE: Registered Agent signature required when recistating) DIVE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)MILE ____ DELETE 1.1 TITLE Change Addition NAME BAEZ, JOSE L2 NAME CR2E034 STREET ADDRESS 2822 PINETREE DR STE 1 1.3 STREET ADDRESS MIAMI BCH FL 33140 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP TITLE DELETE 3.1 1111.8 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY-ST-ZIP 4.4 CITY - S1 - ZIP TITLE DELETE 5.1 TITEE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5 4 CITY - ST - ZIP TITLE DELETE. 6 1 TIT: € Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 1 further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 1 made under oath, that I am an officer or director of the opporation or the receiver of trusted empowered to execute his 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 a address. $\underline{6}\underline{4}\underline{C}\underline{1}\underline{f}\underline{Y}\cdot\underline{S}\underline{1}\cdot\underline{7}\underline{I}\underline{P}$ 6/96 805 532-1503