SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8-1-96 $125 IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE $375.

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 DEC 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032285

1. Corporation Name
T'S TREASURE INCORPORATED

REINSTATEMENT

Principal Place of Business	Mailing Address
548 W. 18 St. HIALEAH FLORIDA 33010	548 W. 18 St. HIALEAH FLORIDA 33010

3. Date Incorporated or Qualified: 4/28/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 548 W. 18 St.	26 548 W. 18 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33015	Country 25 DADE
Zip 29 33015	Country 30 DADE

4. FEI Number: 65-0603441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BILLOO, ZAKARIA A.
548 W. 18 Street
HIALEAH FLORIDA 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 548 W. 18 Street
83
84 City: HIALEAH FL 85 Zip Code: 33010

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: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BILLOO, USMAN I	1.2 NAME	
STREET ADDRESS	548 W. 18 St.	1.3 STREET ADDRESS	548 W. 18 St.
CITY-ST-ZIP	HIALEAH FLORIDA 33010	1.4 CITY-ST-ZIP	HIALEAH FLORIDA 33010
TITLE	SPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BILLOO, ZAKARIA	2.2 NAME	
STREET ADDRESS	548 W. 18 St.	2.3 STREET ADDRESS	548 W. 18 St.
CITY-ST-ZIP	HIALEAH FLORIDA 33010	2.4 CITY-ST-ZIP	HIALEAH FLORIDA 33010
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	000002033558--6
NAME		4.2 NAME	-12/19/96--01032--024 ☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	****383.75 ****383.75
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	JB12-18-96
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] ZAKARIA BILLOO — 12-17-96 — (305)884-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President