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 # **P94000055365 (8)**

1. Corporation Name
MILLENIUM TIME, INC.

Principal Place of Business	Mailing Address
401 BISCAYNE BLVD. **#S-149** **MIAMI FL 33131**	**401 BISCAYNE BLVD.** **#S-149** **MIAMI FL 33131**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **07/22/1994**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **65-0510228** ☐ 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

9. Name and Address of Current Registered Agent

TODYWALA, SAM
401 BISCAYNE BLVD.
#S-149
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Statutes. I 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 my position as registered agent, pursuant to Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Director 04/30/96
Signature, Type or Printed Name of Individual Authorized by Corporation to Execute Document (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WOODALL, ALLEN H	
STREET ADDRESS	2441 SWANSON AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	☐ DELETE
NAME	ARIAS, ELIZABETH B	
STREET ADDRESS	2441 SWANSON AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	☐ DELETE
NAME	ARIAS, SANDY	
STREET ADDRESS	6211 N.W. 197TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	☐ DELETE
NAME	ARIAS, RIENA	
STREET ADDRESS	6211 N.W. 197TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	☐ DELETE
NAME	TODYWALA, SAM	
STREET ADDRESS	9249 S.W. 138TH PL.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	☐ DELETE
NAME	PORBANDERWALA, MINAZ	
STREET ADDRESS	13932 S.W. 93RD LAN	
CITY-ST-ZIP	MIAMI FL 33186	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 (305)379-1701
DATE Daytime Phone #

CR2E034 (12/95)