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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000055365 (8)

1. Corporation Name
MILLENNIUM TIME, INC.



Principal Place of Business

401 BISCAYNE BLVD.
#S-149
MIAMI FL 33131

Mailing Address

401 BISCAYNE BLVD.
#S-149
MIAMI FL 33132-1966

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 607.1508, 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOODALL, ALLEN H
STREET ADDRESS 2441 SWANSON AVE.
CITY- ST- ZIP COCONUT GROVE FL 33133 ☐ DELETE

TITLE D
NAME ARIAS, ELIZABETH B
STREET ADDRESS 2441 SWANSON AVE.
CITY- ST- ZIP COCONUT GROVE FL 33133 ☒ DELETE

TITLE D
NAME ARIAS, SANDY
STREET ADDRESS 6211 N.W. 197TH TERRACE
CITY- ST- ZIP MIAMI FL 33015 ☒ DELETE

TITLE D
NAME ARIAS, RIENA
STREET ADDRESS 6211 N.W. 197TH TERRACE
CITY- ST- ZIP MIAMI FL 33015 ☒ DELETE

TITLE D
NAME TODYWALA, SAM
STREET ADDRESS 9249 S.W. 138TH PL.
CITY- ST- ZIP MIAMI FL 33186 ☐ DELETE

TITLE D
NAME PORBANDERWALA, MINAZ
STREET ADDRESS 13932 S.W. 93RD LANE
CITY- ST- ZIP MIAMI FL 33186 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President & Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Treasurer & Director ☐ Change ☒ Addition
2.2 NAME Arias, Elizabeth B
2.3 STREET ADDRESS 2441 SWANSON AVE
2.4 CITY- ST- ZIP COCONUT GROVE, FL 33133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

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

5.1 TITLE President and Director ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 10613 NW 54 ST
5.4 CITY- ST- ZIP MIAMI, Florida 33178

6.1 TITLE Secretary & Director ☐ Change ☒ Addition
6.2 NAME Eyla Todywala
6.3 STREET ADDRESS 10613 NW 54 ST
6.4 CITY- ST- ZIP MIAMI, Florida 33178

14. I do 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 included 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 a shareholder 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 the front of the report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/97 305-378-1327

CR2E034 (9/96)