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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 24 1997 8:00am

Secretary of State

0258502

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500008137 (8)

TIMES OF HAVANA INC.

SIGNATURE:

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Principal Plac 1401 EAST BR FT. LAUDERDA	ROWARD BLVD., SUITE 206	1401 EAST BR	Mailing Address 1401 EAST BROWARD BLVD SUITE 206 FT. LAUDERDALE FL 33301-2116			6					
111 2110921101							3. Date Incorporated or Qualified 01/26/1995		e of Last R	eport	
2. Principal P	Place of Business	2a. Mailing Ad	ng Address				4. FEI Number	1 7 1/-		oplied For	
21		26					65-0557268			ot Applicable	
Suite, Apt	#, etc	27	City & State				Certificate of Status Desired Section Campaign Financing Trust Fund Contribution Section Campaign Financing Trust Fund Contribution Added to Fees				
City & Stat 23	te	City & State									
Ζip	Country	Zip				***************************************	This corporation has liability for intangible tax under s. 199.032,				
24	25	29	d				Florida Statutes Yes X No				
	9. Name and Address of Curr	ent Registered Agen	<u> </u>		-		10. Name and Address of New Re	gistered A	gent		
	LLEY, PATRICK G	***			81	Name					
)1 EAST BROWARD BLVD., SU LAUDERDALE FL 33301	HE 206			82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)			
гі.	CAUDERDALE LE 33301				83						
					В4	City	······································		85 Zip (Code	
						•		FL			
office or to agent I a SIGNATURE							ocration submits this statement for the p tion's board of directors, I heraby accep		intment as	registered	
12,	Signature, typed or printed name of registered a	agent and tide if applicable ND DIRECTORS	INOT	E: Rogistered	d Agen	iuper erutangla fr	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDECTOR	20 IN 10	
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NAME	POPE, PAUL	<u>, </u>		12 N/				•	##2 C. III 180		
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informatio Lam en c	nay certify that the information supplies on indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changen	r supplemental annua or the receiver or trus	I report is t	true and a vered to a	SXBCI	rate and that ute this repo	d in Section 119 07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. Fullifier I effect as itatutes; an	if made und that my t	ider oath; thai name	