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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000011525 (9)

1. Corporation Name
NEW TIME CORPORATION

Principal Place of Business	Mailing Address
~~3149 JOHN P. CURCI DR.~~ ~~BLDG. 1A, BAY 2~~ ~~PEMBROKE PARK FL 33009~~	~~4080 S.W. 84 AVE.~~ ~~STE. G~~ ~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1995

2. Principal Place of Business	2a. Mailing Address
21 175 FONTAINE BLEAU BLV	26 175 FONTAINE BLEAU BLVD
Suite, Apt. #, etc. 22 SUITE 1R-4A	Suite, Apt. #, etc. 27 SUITE 1R-4A
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip / Country 24 33172 / 25 MIAMI-DADE	Zip / Country 29 33172 / 30 MIAMI-DADE

4. FEI Number: 65-0566481 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ARES, ANA D~~ ~~4080 S.W. 84 AVE.~~ ~~STE. G~~ ~~MIAMI FL 33155~~	81 Name: MIGUEL A. BELLO 82 Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINE BLEAU BLVD. 83: SUITE 1R-4A 84 City: MIAMI FL 85 Zip Code: 33172

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] MIGUEL A. BELLO 4-23-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TEIXEIRA JOSE DE MOURA ~~TEXEIRA~~ LOPES ~~3149~~ JOHN P. CURCI DR, BLDG 4 PEMBROKE PARK FL 33009	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	175 FONTAINE BLEAU BLVD, STE 1R-4A MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA ALZIRA DE MELO TEIXEIRA LOPES 175 FONTAINEBLEAU BLVD SUITE 1R-4A MIAMI FL 33172	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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 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 on an attachment with an address.

SIGNATURE: [signature] 04.23.98