PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031553

Corporation Name

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90055 001 ***600.00

TIMESH	ARE SERVICES, INC.							
		11. W A. J				_{		CANADA HAMA ARRA
Principal Place of Business Mailing Address 8410 N.W. 53RD TERR., SUITE 119 MIAMI FL MIAMI FL				E 119		DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualifed		
O D. Malling Address					<i>-</i>	04/21/1995 4. FEI Number		nlied For
2. Principal Place of Business 2a. Mailing Address						•	├─┼ ─∸	plied For t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-3310940	\$8.75	
						5. Certifcate of Status Desired	Fee Re	
City & State City & State						6 Election Compaign Figureing	\$5.00	
<u> </u>						6. Election Campaign Financing Trust Fund Contribution	Added t	
23 28			Country			This corporation owes the current year Ir		5.500
24	25	—	30	,		Personal Property Tax.	Yes	□No
	9. Name and Address of Current		7			10. Name and Address of New Registered		
	J. Hame and Address of Cartell	Negistered Agent		81	Name			
POWER, RAMON				_				
6661 S.W. 137TH COURT				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		1
UNIT A			1	83				
MIAMI FL			l					
(10 49)			<u> </u>	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								
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered	Agent :	signature required	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1,1 717	LE)		Change	Addition
NAME	GROMAN, RUDOLPH M			1.2 NAME				ļ
STREET ADDRESS BUSH ROAD #52, CUL DE SAC			1.3 STREET ADDRESS		NODRESS)			ì
CITY+ST-ZIP	SINT MAARTEN, N.A.		1.4 CIT	Y-\$T-	ZIP			
TITLE	STD DELETE 2			LE	Ì		☐ Change	☐ Addition
NAME	LECKIE, GRISELLE		2.2 NA	2.2 NAME				j
STREET ADDRESS	5377 S.W. 120TH AVENUE		2.3 ST	REET A	ODRESS			1
CITY-ST-ZIP	COOPER CITY FL 33330			2.4 CITY+ST-ZIP				
TITLE	☐ DELETE		3.1 TITLE		Ì		Change	Addition
NAME			3.2 NAME		ļ			
STREET ADDRESS			3.3 ST	REET A	ADDRESS			}
CITY-ST-ZIP			3.4. CI	TY-ST	ZIP			
TITLE		☐ DELETE	4.1 TIT	Æ	ĺ		☐ Change	☐ Addition
NAME			4.2 NA	ME				1
STREET ADDRESS			4.3 ST	REET	NDORESS :			Ì
CITY-ST-ZIP			4.4 CIT		ZIP			- A station
TITLE		☐ DELETE	5.1 TT		}		Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS					NDDRESS			
CITY-ST-ZIP			5.4 C/T		ZIP .	<u> </u>	[] C!	[T] Address
TITLE		☐ DELETE	6.1 TRT		}		Change	Addition
NAME			6.2 NA					
STREET ADDRESS	•				LOORESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP			

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 empoyered to execute this report is 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, with all other like empoyered.

SIGNATURE:

305-599-1679

CR2E034 (11/98)