SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000055484

1. Corporation Name
Halftime Billiards Inc.

Principal Place of Business
11300 NW 87 ct. #137
Hialeah Garden, Fl. 33016

Mailing Address
11300 NW 87 ct. #137
Hialeah Garden, FL 33016

2. Principal Place of Business
21 11300 NW 87 ct. #137
22 Suite, Apt. #, etc. 137
23 City & State: Hialeah Garden, FL.
24 Zip: 33016
25 Country: DADE

2a. Mailing Address
26 11300 NW 87 ct. #137
27 Suite, Apt. #, etc. 137
28 City & State: Hialeah Garden, FL.
29 Zip: 33016
30 Country: DADE

3. Date Incorporated or Qualified: July 18, 1995
3a. Date of Last Report:
4. FEI Number: 650593620 ☐ 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

10. Name and Address of New Registered Agent
81 Name: Rafael Velez
82 Street Address (P.O. Box Number is Not Acceptable): 11300 NW 87 ct. #138
83
84 City: Hialeah Gardens FL 85 Zip Code: 33016

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] (Signature, Typed or Printed Name of Registered Agent and Title of Officer) (NOTE: If registered agent signature required when changing) DATE: 6/25/96

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	Rafael Velez	
STREET ADDRESS	5400 W. 21 ct. #306	
CITY-ST-ZIP	Hialeah, FL. 33016	
TITLE	Vice President	☒ DELETE
NAME	Edward Taveras	
STREET ADDRESS	17901 NW 68 Av. #Q105	
CITY-ST-ZIP	Miami, FL. 33015	
TITLE	Secretary, Treasurer	☒ DELETE
NAME	Zurelys Cardenas	
STREET ADDRESS	8536 Claridge Dr.	
CITY-ST-ZIP	Miramar, FL. 33025	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Vice President	☒ Change ☐ Addition
1.2 NAME	Edward Taveras	
1.3 STREET ADDRESS	17901 NW 68 Av. #Q105	
1.4 CITY-ST-ZIP	Miami, FL. 33015	
2.1 TITLE	Secretary, Treasurer	☒ Change ☐ Addition
2.2 NAME	Zurelys Cardenas	
2.3 STREET ADDRESS	8536 Claridge Dr.	
2.4 CITY-ST-ZIP	Miramar, FL. 33025	
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	300001893523 -07/12/96--01067--032 ***225.00	☐ 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		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rafael V. 6/27/96 (305) 826-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #