FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000055484 (6) DOCUMENT # P9.
1. Corporation Name
HAI FTIME BILLIARDS, INC.

FILED May 06 1998 8:00am Secretary of State

THE TIME DILLIANDO, INC.			
Principal Place of Business	Mailing Address		
11300 N.W. 67 CT. SUITE 137	11300 N.W. 87 CT.		
HIALEAH GARDENS FL 33016	SUITE 137 HIALEAH GARDENS FL 3:	3016	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 07/18/1995
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For
21	26	****	65-0593620 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State	City & State		Fee Required
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Property Tax due June 30. X Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
VELEZ, RAFAEL		81 Name	Taveras, Luis
11300 N.W. 87 CT.			ddress (P.O. Box Number is Not Acceptable)
SUITE 137		83 -	00 NW 87 ct. #137
HIALEAH GARDENS FL 33016		°° S w	选 # 137
<u> </u>		84 City	leah 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, typed or printed home of registered eyent and title if applicable (NOTE 1889 stered Agent signature required when reinstating) DATE DATE			
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS	DELETE	1.1 TITLE	Pres: claud Change Addition
NAME TAVERAS, LUIS		1.2 NAME	Taveras, Luis
STREET ADDRESS 11300 N.W. 87 CT.		1.3 STREET ADDRESS	Taveras, Luis et. Sinter 137
CITY-ST-ZIP HIALEAH GARDENS FL 33016		1.4 CITY - ST - ZIP	Howleah Gardens , FL. 33016
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	•
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	L DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	!
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME	Directs	6.2 NAME	L Change L Xuullen
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - 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 supphemental annual roport 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.			