PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000028089**1. Corporation Name

TIMELINE SYSTEMS, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90250 038 ***150.00



Principal Place	of Business	Mailing Address									
2351 SW 37 AVE #704 MIAMI FL 33145		2351 SW 37 AVE MIAMI FL 33145	2351 SW 37 AVE #704 MIAMI FL 33145				DO NOT WRITE IN TH	IIS SPACE	:		
					};		Date Incorporated or Qualifed 04/01/1996				
2. Principal Pla	ce of Business	2a. Mailing Addre	2a. Mailing Address			4.	FEI Number		Applied For		
1		26					65-0664091		Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.		!		Certificate of Status Desired	•	75 Additional e Required		
City & State		City & State		•			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
Zip	Country 25	Zip	<u>├</u> ┐ ′		1		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
PAND	IIGUEZ, MARIO			81	Name						
	SW 37 AVE #704					Street Address (P.O. Box Number is Not Acceptable)					
MAM	FL 33145										
				84	City		F	L 85	Zip Code		
11. Pursuant to	the provisions of Sections 607	0502 and 607.1508, Florid	a Statutes, the a	bove	-named corporat	ion	submits this statement for the purpose	of changir	g 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.

agont a	and telephone the property of the contract of			
SIGNATURE	Alone V. P. V. Alone	E: Registered Agent signature required	when reinstating) DATE	
				BC IN 42
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	Ď □ DELETË	1.1 TITLE	Change	Addition
NAME	RODRIGUEZ, MARIO	1.2 NAME		
STREET ADDRESS	2351 SW 37 AVE #704	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		* ***
TITLE	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME	·	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DÉLETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
DITY OF TIP		64 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR