

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041404 (0)

1. Corporation Name
ZGAR TIME, INC.



Principal Place of Business

C/O LAW OFFICES OF LIONEL BARNET PA
9100 S DADELAND BLVD #404
MIAMI FL 33156

Mailing Address

C/O LAW OFFICES OF LIONEL BARNET PA
9100 S DADELAND BLVD #404
MIAMI FL 33156-7819

3. Date Incorporated or Qualified 05/09/1996
3a. Date of Last Report

2. Principal Place of Business

21 1880 NW 97th Avenue

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, Fla.

Zip

24 33352

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0684156

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

LAW OFFICES OF LIONEL BARNET PA
9100 S DADELAND BLVD #404
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D BARNET, LIONEL
NAME
STREET ADDRESS 9100 S DADELAND BLVD #404
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME CRAIG DORN
1.3 STREET ADDRESS 1880 NW 97th Ave.
1.4 CITY-ST-ZIP Ft. Lauderdale, Fla. 33322

2.1 TITLE D
2.2 NAME DAVID DORN
2.3 STREET ADDRESS 1880 NW 97th Ave.
2.4 CITY-ST-ZIP Ft. Lauderdale, Fla. 33322

3.1 TITLE D/P
3.2 NAME JACINTO L. AYALA
3.3 STREET ADDRESS 1880 NW 97th Ave.
3.4 CITY-ST-ZIP Ft. Lauderdale, Fla. 33322

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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]

LIONEL BARNET 1/24/97 (305) 670-7887

CR2E034 (9/96)