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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90035 036 ***150.00

MASTER	TIME TRADING, INC.									
Principal Place	e of Business	Mailing Address					. 4 IOMINOS ILO POLIS MINIS ADISTON	30 111 (33 11) (18 Mitet (16) (#B)
8249 NORTHWEST 36 STREET, SUITE 106 MIAMI FL 33166 8249 NORTHWEST 36 STREET. SUITE 106 MIAMI FL 33166						DO NOT WRITE IN THIS SPACE				
,	~				-	` -	3. Date Incorporated or Qualifed 08/23/1996	· p=	-	
2 Principal Pi	lace of Business	2a. Mailing Address					4. FEI Number		TA	pplied For
21	ace of Dusiness	26				ſ	65-0705036			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional Required
City & State		City & State					6. Election Campaign Financing			May Be
23	•	28				- 1	Trust Fund Contribution			to Fees
Zip 24	Country	Zip 29	Co.	intry			This corporation owes the curre Personal Property Tax.	nt year Int	angible	CHO CHO
24	9. Name and Address of Curre		30	1			10. Name and Address of New R	egistered .		
· · · · · · · · · · · · · · · · · · ·				81	Name			, -		
	ERILAWYER CHARTERED			82	Street A	Addros	ss (P.O. Box Number is Not Accepta	hle)		
	ALMERIA AVENUE			02	Street	adores	ss (P.O. Box Number is Not Acceptan	ole)		
COF	RAL GABLES FL 33134			83						
	•			84	City	•		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	of Florida. Such change was	authorized	זו עס ני	named o	corpora pration	ation submits this statement for the r's board of directors. I hereby accept	ourpose of the appoin	changing it ntment as r	s registered egistered
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered age			i Agent :	signature re	aquired w	when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		signature re	equired w	when reinstating) ADDITIONS/CHANGES TO OFF			
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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 or any attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: