

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 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 # P96000082918 (9)
1. Corporation Name
KEEPING TIME INC.



Principal Place of Business 17800 M. BAY RD., #302 N. MIAMI BEACH FL 33160	Mailing Address 17800 M. BAY RD., #302 N. MIAMI BEACH FL 33160
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36 NE 1st Suite, Apt. #, etc. 215 City & State MIAMI FL Zip 33132 Country USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last Report N/A
22		27		4. FEI Number 65-0734432	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAHAMONDES, SERGIO P 17800 M. BAY RD., #302 N. MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent 81 Name SERGIO P. BAHAMONDES 82 Street Address (P.O. Box Number is Not Acceptable) 19741 NE 21st 83 84 City Highland Woods FL 85 Zip Code 33179	
---------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 Sergio P. Bahamondes DATE **9-2-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President - S-T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAHAMONDES, SERGIO P		1.2 NAME SERGIO P. Bahamondes	
STREET ADDRESS 17800 M. BAY RD., #302		1.3 STREET ADDRESS 19741 NE 21st	
CITY-ST-ZIP N. MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP Highland Woods FL 33179	
TITLE PVST	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAHAMONDES, SERGIO P		2.2 NAME JESUS GARMAS	
STREET ADDRESS 17800 M. BAY RD., #302		2.3 STREET ADDRESS 4901 SW. 98th Rd	
CITY-ST-ZIP N. MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP Miami FL 33165	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sergio P. Bahamondes SIGNATURE REQUIRED

9-2-97

CR2E034 (4/97)