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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600093215 (7)

CHIEF'S TIME, INC.

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

11101 NW SOTH AVE 11101 NW 59TH AVE HALEAH FL 33012 HIALEAH FL 33012-2562 3a. Date of Last Report 3. Date Incorporated or Qualified 11/14/1996 65-0 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes 🔲 No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name medina. Sixto v 11101 NW 59TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33012 83 84 City 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 regestered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 96/6) Change Addition DELETE 1.1 THLE TITLE MEDINA, SIXTO V 1.2 NAME NAME 11101 NW 59TH AVE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 1.4 C(1Y - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE **TORRES, DENNIS** NAME 2.2 NAMI HARBOUR VIEW 388 RICHMOND TERR APT 8P STREET ADDRESS 2.3 STREET ADDRESS STATEN ISLAND NY 10301 2. 4 CITY- \$1 - ZIP CITY-ST-ZIP Change Addition DELFTE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZiP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change DELFTE Addition TITLE 5 1 11118

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report of structure and accurate and that my signature shall have the same legal effect as if made under oath; that the annual report of the corporation or free to the corporation of the corpor in an attachment with an address appears in Block 12 or Block 13 if char

6.4 C/TY - ST - ZIP

5.2 NAME

6.1 1111 €

6.2 NAME

DELETE

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

819-1551

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State