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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000062074**1. Corporation Name

BIT TIME INC.

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Principal Place	e of Business	Mailing Address				1 (40)(00) (10) (00) (00) (00)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	92() 9 (2) (94)
1382 NW 78TH AVENUE 1382 NW 78TH						ļ	.*	
MIAMI FL 33126		MIAMI FL 33126				DO NOT MOUTE IN THIS	CDACE	
						DO NOT WRITE IN THIS:	SPACE	
						3. Date Incorporated or Qualifed)
						07/13/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	olied For
21		26				65-0849619		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22		27					Fee Rec	` '
City & State City & State						6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta		□Na Ì
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curr	rent Registered Agent		81	N	10. Name and Address of New Registered	4geni	 i
.	DOALE EDILADDO			011	Name		**	
MILGRAM, EDUARDO				82 Street Address (P.O. Box		ess (P.O. Box Number is Not Acceptable)	,	
) NE 192ND STREET, #1217			LL.				
AVE	NTURA FL 33180		J	83				j
		•		84	City		85 Zip C	ode
						. norga da ejekusanya ko by FL	12 12 15 1 PERSON	<u> </u>
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta Im familiar with, and accept the obl	ate of Florida. Such change was a	authorized	i by th	named corp ne corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	itment as reg	istered
-	, ,		Midd Oldic					j
SIGNATURE					ignature require	d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE			signature requires	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12 .
SIGNATURE	Signature, typed or printed name of registered OFFICERS		: Registered	Agent s	signature requires	,	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS D	agent and title if applicable. (NOTE	Registered	Agents	signature requires	,		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D GROSS, ALBERTO	agent and title if applicable. (NOTE	13. 1.1 TIT	Agent s		,		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D GROSS, ALBERTO 1382 NW 78TH AVENUE	agent and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent s TLE AME REET A	DDRESS	,		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D GROSS, ALBERTO 1382 NW 78TH AVENUE MIAMI FL 33126	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CB	Agent's TLE VME REET AI	DDRESS	,		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered OFFICERS D GROSS, ALBERTO 1382 NW 78TH AVENUE MIAMI FL 33126 D	agent and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CP 2.1 TII	Agent s TLE AME REET AI TY-ST-2	DDRESS	,	Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D GROSS, ALBERTO 1382 NW 78TH AVENUE MIAMI FL 33126 D MILGRAM, EDUARDO	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CB 2.1 TII 2.2 NA	Agent's TLE AME REET AI TY-ST-2 TLE	DDRESS ZIP	,	Change	☐ Addition
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90142 048 ***150.00