

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 1411:09

DOCUMENT # V40452

(7)

1. Corporation Name

ELECTRO TIME, INC.

Principal Place of Business

14TH NE 1ST AVE
STE 1011
MIAMI FL 33132

Mailing Address

14TH NE 1ST AVE
STE 1011
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

08/08/1994

4. FEI Number

65-0342008

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

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSSAK, ISRAEL
14TH NE 1ST AVE
STE 1011
MIAMI FL 33132

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 constituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	MOSSACK, ISRAEL
STREET ADDRESS	14 NE 18TH AVE., #1011
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	MOSSACK, ISRAEL
STREET ADDRESS	14 NE 18TH AVE., #1011
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DPS	☒ Change ☐ Addition
1.2 NAME	MOSSACK ISRAEL	
1.3 STREET ADDRESS	14 NE 18TH AVE. # 1011	
1.4 CITY - ST - ZIP	MIAMI FL 33132	
2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	MOSSACK ISRAEL	
2.3 STREET ADDRESS	14 NE 18TH AVE. # 1011	
2.4 CITY - ST - ZIP	MIAMI FL 33132	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: ISRAEL MOSSACK

6/14/96

(705) 377-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR