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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000031953

1. Corporation Name
Intertime, Inc.

Principal Place of Business Mailing Address
5757 Blue Lagoon Drive
Suite 140
Miami, Fl 33126

3. Date incorporated or Qualified **3/20/93** 3a. Date of Last Report

21. Principal Place of Business 5805 Blue Lagoon Dr.	2a. Mailing Address	4. FEI Number 65-0409835	Applied For Not Applicable
Suite, Apt. #, etc. 136	Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State Miami, Fl	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip 33126	28. Country Dade	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Alvaro Castillo Esq.
One S.E. Third Ave. Suite 1440
Miami, Fl 33131

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos J. Rodriguez	1.2 NAME	
STREET ADDRESS	5805 Blue Lagoon Dr. Suite 136	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33126	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenny Rodriguez	2.2 NAME	
STREET ADDRESS	5805 Blue Lagoon Dr Suite 136	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33126	2.4 CITY-ST-ZIP	
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	600002147076
STREET ADDRESS		6.3 STREET ADDRESS	-04/17/97--01101--043
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: **APR 10/1997** DAYTIME PHONE #