

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K42345 (4)**  
 1. Corporation Name  
**THE UNIDENTICAL JAZZ TWINS INC.**



Principal Place of Business	Mailing Address
% FENTON WALSH 19370 COLLINS AVE #204-C MIAMI BEACH FL 33160	% FENTON WALSH 19370 COLLINS AVE #204-C MIAMI BEACH FL 33160

3. Date Incorporated or Qualified <b>10/28/1988</b>	3a. Date of Last Report <b>02/16/1995</b>
4. FEI Number <b>65-0084533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>4000 TOWERSIDE TERRACE</b>	26 <b>4000 TOWERSIDE TERRACE</b>
Suite, Apt. #, etc 22 <b>405</b>	Suite, Apt. #, etc 27 <b>405</b>
City & State 23 <b>NORTH MIAMI, FL</b>	City & State 28 <b>NORTH MIAMI, FL</b>
Zip 24 <b>33138</b>	Country 25 <b>US</b>
Country 29 <b>US</b>	Zip 30 <b>33138</b>

9. Name and Address of Current Registered Agent

**WALSH, FENTON  
19370 COLLINS AVE  
SUITE 204-C  
MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4000 TOWERSIDE TERRACE</b>		
83	<b>APARTMENT 405</b>		
84 City	<b>NORTH MIAMI</b>	85 Zip Code	<b>FL 33138</b>

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required after recording) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, FENTON</b>	
STREET ADDRESS	<b>19370 COLLINS AVE #204-C</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKER, DIANE</b>	
STREET ADDRESS	<b>19370 COLLINS AVE #204-C</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>4000 TOWERSIDE TERRACE</b>
14 CITY-ST-ZIP	<b>NORTH MIAMI FL 33138</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>4000 TOWERSIDE TERRACE</b>
24 CITY-ST-ZIP	<b>NORTH MIAMI FL 33138</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fenton M. Walsh* **FENTON M. WALSH (PRESIDENT)**, 06/12/96, 305 893-5900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)