

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

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #**  
 1. Corporation Name: **P97000088530**  
**TWINKLE TWINKLE INC.**

Principal Place of Business: **TWINKLE TWINKLE INC**  
**9678 N.W. 25TH STREET**  
**MIAMI FL. 33172.**

Mailing Address: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **OCT. 14, 1997**

4. FEI Number: **65-0789648** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

9. Name and Address of Current Registered Agent

**MAYRA LOSADA**  
**5598 N.W. 105TH COURT**  
**MIAMI FL. 33178**

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (Typed or printed name of registered agent and title, if applicable) (NO: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYRA LOSADA</b>	
STREET ADDRESS	<b>5598 N.W. 105TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL. 33178</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JORGE HIDALGO</b>	
STREET ADDRESS	<b>15040 DUNBARTON PLACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL. 33016</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>MABEL GUTIERREZ</b>	
STREET ADDRESS	<b>15040 DUNBARTON PLACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL. 33016</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>JESS J. LOSADA</b>	
STREET ADDRESS	<b>5598 N.W. 105TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
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 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600002534426**  
**-05/26/98--01010--009**  
**\*\*\*150.00**

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.

SIGNATURE: \_\_\_\_\_ DATE: **4-29-98** (305) 436-8104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)