

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L25772** (9)

To: Corporation Name

BISCAYNE BAY INVESTMENT GROUP, INC.

Principal Office of Business

3314 VIRGINIA ST
COCONUT GROVE FL 33133

Managing Agent Office

3314 VIRGINIA ST
COCONUT GROVE FL 33133

DATE WHEN IN THIS SPACE

3. Date of Incorporation or Reorganization: **10/27/1989** 3a. Date of Last Report: **06/17/1994**

4. FIC Number: **65-0151227** 5. Certificate of Status Fee: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation is not eligible for expedited processing for 1995.

21. Principal Office of Business: **2050 Coral Way**

22. Suite, Apt. or P.O. Box: **600**

23. City, State: **Miami FL**

24. Zip: **33145**

26. Managing Agent Office: **2050 Coral Way**

27. Suite, Apt. or P.O. Box: **600**

28. City, State: **Miami FL**

29. Zip: **33145**

9. Name and Address of Current Registered Agent

**MOLINARI, LINDA I
3314 VIRGINIA ST
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81. Name: **Linda I. Molinari**
82. Street Address: **2050 Coral Way**
83. Suite, Apt. or P.O. Box: **#600**
84. City, State: **Miami FL** 85. Zip: **33145**

11. I, the undersigned, certify that the information furnished on this form is true and correct. I am a director, officer, or shareholder of the corporation. I declare under penalty of perjury that the information is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Signature: **Linda I. Molinari, Pres.** Date: **5-15-95**

12. ADDITIONAL CHANGES TO THE FIC AND OTHER INFORMATION

NAME	DPS	NAME	Linda I. Molinari	DATE	5-15-95
ADDRESS	3314 VIRGINIA ST	ADDRESS	2050 Coral Way, 600	DATE	5-15-95
CITY	COCONUT GROVE FL	CITY	Miami, FL	DATE	5-15-95
STATE	V	STATE	FL	DATE	5-15-95
ZIP	33133	ZIP	33145	DATE	5-15-95
NAME	MOLINARI, FRANK	NAME	Frank R. Molinari	DATE	5-15-95
ADDRESS	3314 VIRGINIA ST	ADDRESS	2050 Coral Way, 600	DATE	5-15-95
CITY	COCONUT GROVE FL	CITY	Miami, FL	DATE	5-15-95
STATE		STATE		DATE	
ZIP		ZIP		DATE	
NAME		NAME		DATE	
ADDRESS		ADDRESS		DATE	
CITY		CITY		DATE	
STATE		STATE		DATE	
ZIP		ZIP		DATE	
NAME		NAME		DATE	
ADDRESS		ADDRESS		DATE	
CITY		CITY		DATE	
STATE		STATE		DATE	
ZIP		ZIP		DATE	

14. I, the undersigned, certify that the information furnished on this form is true and correct. I am a director, officer, or shareholder of the corporation. I declare under penalty of perjury that the information is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: **Linda I. Molinari, Pres.** Date: **5-15-95** 856 8088
Linda I. Molinari

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ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

JULY 12 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L26158 (0)
1. Corporation Name
TWIN INTERNATIONAL CORP.

Principal Office Address: **5419 NW 72 AVE
MIAMI FL 33166
US**
Mailing Address: **5419 NW 72 AVE
MIAMI FL 33166
US**

DEFINITION OF TERMS SPACE

2. Filing Year	2a. Filing Address
21. State App. #	26. State App. #
22. City & State	27. City & State
23. Zip	28. Zip
24. (25) (26) (27) (28) (29) (30)	

3. Date incorporated in Country	3a. Date of Last Report
10/30/1989	03/29/1994
4. FEI Number	Applied For
65-0217254	Not Applicable
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
8. The corporation has liability for delinquent franchise fees (1994)	
Franchise Delinquent	Yes No

9. Name and Address of Current Registered Agent
**COHEN, GARY P
46 SW FIRST ST, 4TH FL
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the president or secretary of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report and the payment of the required fees.

Subscribed and sworn to before me this _____ day of _____, 1995.

12. OFFICER AND DIRECTOR LIST	13. ALL OTHERS (OFFICERS, DIRECTORS, SECRETARIES, TREASURERS, ETC.)
NAME: P STOCKI, HECTOR Street Address: 1987 S. LANDING WAY City: FT. LAUDERDALE FL	NAME: _____ Street Address: _____ City: _____
NAME: S STOCKI, DINA Street Address: 1987 S. LANDING WAY City: FT. LAUDERDALE FL	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____
NAME: _____ Street Address: _____ City: _____	NAME: _____ Street Address: _____ City: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in section 607.01, Florida Statutes, Chapter 607, that the information is based on the information reported in supplemental annual reports filed and accepted by the Department of State. The undersigned further certifies that the information is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report and the payment of the required fees.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/95 (305) 9854399