SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031818 (6)

THE FIRST TWO TRUST, INC.

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of	Business	{	ilāt tiāli							
3291 SW 16TH LN		3291 SW 16TH LN								
MIAMI FL 33145		MIAMI FL 33145								
						DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualified 04/29/1993				
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number		Applied	For	
21 8433 W. Okeechober ld 20 8433 W. Okee at				habee Na.		65-0450450	Not Applicable			
Suite, Apt. #, e	Suite, Apt. #, etc. 27 Hiajeah G	zleah Edn			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	a Coordens FL 3301	City & State 28 Hockeah Codnes, F1			=/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 ろうの	6 25 Dad	Zip 33016	30 Cd	ountry Der	de	This corporation owes or has pald the curre Personal Property Tax due June 30.	entyear Yes	r Intangibl No	е	
	Name and Address of Current	· l				10. Name and Address of New Registered A	gent			
MOREJO	ON, IBIS			81	Name					
3291 SW 46TH LN					C4-4-4 A-4-4	(D.O. Barrishania Makamatakia)				
MIAMI FL 83145					Sueet Add	ress (P.O. Box Number is Not Acceptable)				
				83						
ı				84	City	-	85	Zip Code		
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11. Pursuant to t office or regi	ine provisions of sections 607,0502 ist ere d agent, or both, in the State o	and 607.1508, Florida Statut of Florida. Such change was	es, the a authoriz	above-red by i	named corpo the corporati	oration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appoint	inging It Iment a	ts register s register	ed ed	
agent. I am f	[amiliar with, and accept the obligat	ions of, section 607.0505, F	lorida St	atutes.	· ·	,				
SIGNATURE	ature, typed or printed name of registered agent		1016 5			outred when reinstating) DATE			_ :	
12.	OFFICERS AND	~~~···	13		ent signature req	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS II	J 12	
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CITY-ST-ZIP									ŀ	
	that the information supplied with the	nie filing fors not qualify for t	he even	OTY-ST-Z	tated in sec	tion 119.07(3)(i), Florida Statutes. I further certify th	at the ir	formation		

I. 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 op an attachment with an address.

CICHATURE

WHIRE REQUIRED

7/7/90

222-RODA