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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000076990 (9)**

1. Corporation Name

TWIN ACRES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR. SUITE 1475 COCONUT GROVE FL 33133	2601 S. BAYSHORE DR. SUITE 1475 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 65-0447219 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D ESQ.
ONE SE 3RD AVE.
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 **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: (Signature, Typed or Printed Name of Registered Agent and Title, if Applicable) (DATE: Registered Agent signature required after reinstatement) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DP ☐ Change X Addition
NAME	ADLER, DAVID D	12 NAME	David C. Adler
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 1475	13 STREET ADDRESS	2601 S. Bayshore Drive, Suite 1475
CITY ST ZIP	COCONUT GROVE FL 33133	14 CITY ST ZIP	Coconut Grove, FL 33133
TITLE		21 TITLE	DVPT ☐ Change X Addition
NAME		22 NAME	Luis Rabell
STREET ADDRESS		23 STREET ADDRESS	2601 S. Bayshore Drive, Suite 1475
CITY ST ZIP		24 CITY ST ZIP	Coconut Grove, FL 33133
TITLE		31 TITLE	VP ☐ Change X Addition
NAME		32 NAME	Irwin M. Adler
STREET ADDRESS		33 STREET ADDRESS	2601 S. Bayshore Drive, Suite 1475
CITY ST ZIP		34 CITY ST ZIP	Coconut Grove, FL 33133
TITLE		41 TITLE	S ☐ Change X Addition
NAME		42 NAME	Jacqueline Coleman
STREET ADDRESS		43 STREET ADDRESS	2601 S. Bayshore Drive, Suite 1475
CITY ST ZIP		44 CITY ST ZIP	Coconut Grove, FL 33133
TITLE		51 TITLE	AS ☐ Change X Addition
NAME		52 NAME	Charles D. Robbins
STREET ADDRESS		53 STREET ADDRESS	One S.E. 3rd Ave., 25th Floor
CITY ST ZIP		54 CITY ST ZIP	Miami, FL 33131
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Charles D. Robbins — 7/14/95 (Date) — (305) 995-5662 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles D. Robbins

0134563 CP