

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076990 (9)

1. Corporation Name

TWIN ACRES DEVELOPMENT CORPORATION



Principal Place of Business

2601 S. BAYSHORE DR.
SUITE 1475
COCONUT GROVE FL 33133

Mailing Address

2601 S. BAYSHORE DR.
SUITE 1475
COCONUT GROVE FL 33133

2. Principal Place of Business

21 2600 DOUGLAS RD.

Suite, Apt. #, etc.

22 SUITE 510

City & State

23 CORAL GABLES

Zip

24 33134

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

07/21/1995

4. FEI Number

65-0447219

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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)

777 BRICKELL AVE SUITE 900

83

84 City

MIAMI

FL

85 Zip Code
33131

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 the date acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ADLER, DAVID D
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 1475
CITY-STATE-ZIP COCONUT GROVE FL

TITLE DVPT ☐ DELETE
NAME RABELL, LUIS
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-STATE-ZIP COCONUT GROVE FL

TITLE VP ☐ DELETE
NAME ADLER, IRWIN M.
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-STATE-ZIP COCONUT GROVE FL

TITLE S ☐ DELETE
NAME COLEMAN, JACQUELINE
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-STATE-ZIP COCONUT GROVE FL

TITLE AS ☐ DELETE
NAME ROBBINS, CHARLES D.
STREET ADDRESS ONE S.E. 3RD AVENUE, 25TH FLOOR
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2600 DOUGLAS RD. SUITE 510
1.4 CITY-STATE-ZIP CORAL GABLES, FL. 33134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 777 BRICKELL AVE SUITE 900
5.4 CITY-STATE-ZIP MIAMI, FL. 33131

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.073(1)(b), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)