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FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2600  
2600 DOUGLAS RD.  
STE 510  
CORAL GABLES FL 33134

Mailing Address

2600  
2600 DOUGLAS RD.  
STE 510  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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.  
777 BRICKELL AVE STE 900  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADLER, DAVID D  
2600 DOUGLAS RD. STE 510  
CORAL GABLES FL 33134

TITLE NAME ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADLER, DAVID D  
2600 DOUGLAS RD. STE 510  
CORAL GABLES FL 33134

TITLE NAME ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADLER, DAVID D  
2600 DOUGLAS RD. STE 510  
CORAL GABLES FL 33134

TITLE NAME ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADLER, DAVID D  
2600 DOUGLAS RD. STE 510  
CORAL GABLES FL 33134

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
ROBBINS, CHARLES D.  
777 BRICKELL AVE STE 900  
MIAMI FL 33131

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

(305) 443-7001

Daytime Phone #

0518997

CR2E034 (9/96)