

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P94000042547 (7)**  
 1. Corporation Name

**TWO BUILDINGS CORPORATION**



Principal Place of Business: **3822 W 12 AVE HIALEAH FL 33012**  
 Mailing Address: **3822 W 12 AVE HIALEAH FL 33012**

3. Date Incorporated or Qualified: **06/02/1994**  
 3a. Date of Last Report: **02/15/1995**  
 4. FEI Number: **65-0502675**  
 Applied For: **APPLIED FOR**  
 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

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30. **600 Palm Ave Suite A Hialeah FL 33010 USA**

9. Name and Address of Current Registered Agent  
**CAYON, ROBERTO**  
**3822 W 12 AVE**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required with this form.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACHADO, CEFERINO	
STREET ADDRESS	3822 W 12 AVE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAYTON, ROBERTO	
STREET ADDRESS	3822 W 12 AVE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MACHADO, LUIS	
STREET ADDRESS	3822 W 12 AVE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**300001896083**  
**-07/17/96--01020--053**  
**\*\*\*225.00**

*7/16/96*

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Luis Machado** *6-14-96*  
 VSD

CR2E034 (3/96)