

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 # P94000076065 (9)

1. Corporation Name

TWIN W CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

14837 BALOWAN ROAD  
#206  
MIAMI LAKES FL 33016

14837 BALOWAN ROAD  
#206  
MIAMI LAKES FL 33016

2. Principal Place of Business

21 6157 N.W. 167 St.

2a. Mailing Address

26 P.O. Box 5727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 F-21

27

City & State

City & State

23 Hialeah, Fl

28 Hialeah, Fl

Zip

Country

Zip

Country

24 33015

25 USA

29 33014

30 USA

3. Date Incorporated or Qualified  
10/17/1994

3a. Date of Last Report  
04/04/1995

4. FEI Number  
65-0536903

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

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name  
Fernando Ramirez

82 Street Address (P.O. Box Number is Not Acceptable)  
14837 Balgowan Rd. #206

83

84 City  
Miami Lakes

FL

85 Zip Code  
33016

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. Each 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME PD  
STREET ADDRESS RAMIREZ, NORMA I  
CITY - ST - ZIP 14837 BALOWAN ROAD #206  
MIAMI LAKES FL 33016 ☐ DELETE

1.1 TITLE  
NAME STD  
STREET ADDRESS RAMIREZ, FERNANSO  
CITY - ST - ZIP 14837 BALOWAN ROAD #206  
MIAMI LAKES FL 33016 ☐ DELETE

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S-T ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE P ☒ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Fernando Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (305) 827-3060

Date Daytime Phone #

CR2E034 (12/95)