

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90042 022 ***150.00

DOCUMENT # P96000048397

1. Corporation Name

T.W.S.C. INVESTMENTS, INC.

Principal Place of Business

**4135 WEST 6TH AVENUE
HIALEAH FL 33012**

Mailing Address

**4135 WEST 6TH AVENUE
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0705886

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 11401 W Flagler St

26 11401 W Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami FL

27 Miami FL

City & State

City & State

23 33174 USA

28 33174 USA

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MARTIN, MEDARDO M
4135 WEST 6TH AVENUE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

MEDARDO Martin

82 Street Address (P.O. Box Number is Not Acceptable)

11401 W Flagler St

83

Miami Florida

84 City

FL

85 Zip Code
33174

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]
Signature, typed or printed name of registered agent and title if applicable.

MEDARDO Martin Pres 1/19/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
MARTIN, MEDARDO M
STREET ADDRESS
4135 WEST 6TH AVENUE
CITY-ST-ZIP
HIALEAH FL 33012**

TITLE ☐ DELETE

**D
NAME
RODRIGUEZ, LUIS R
STREET ADDRESS
1042 WEST 50TH PLACE
CITY-ST-ZIP
HIALEAH FL 33012**

TITLE ☐ DELETE

**D
NAME
HABER, PEDRO R
STREET ADDRESS
6630 N.W. 41ST ST.
CITY-ST-ZIP
VIRGINIA GARDENS FL 33166**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

305-226-0074

Date

Daytime Phone #

CR2E034 (11/98)