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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024334 (9)

FILED Apr 21 1998 8:00am Secretary of State

1. Corporation	TWARE, INC.	002400	, (0)					
Principal Place of Business Mailing Address						I SAMILANDE LIN JAILL KRAKL MANIL MAISL MAISLA MAIS	0 34000 1 69	lift bibl i tt i
2748 WEST 79TH STREET 2748 WEST 79TH STREET								
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	IS SPACE	
						03/18/1997		1
2. Principal Pr	ace of Business	2a. Mailing	Address			4. FEI Number	T IA	pplied For
21		26	26			65-0737226		ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27	<u> </u>			5. Certificate of Status Desired	Fee R	equired
City & State	9	⊢ ¬ ′	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	~ ~ 			Trust Fund Contribution L Added to Fees		
Zip			Country		8. This corporation owes or has paid the o		ntangible ☐ No	
24	[25] 9. Name and Address of Currer	29 nt Registered Apr		901		Personal Property Tax due June 30. 10. Name and Address of New Registers		
AM	ERILAWYER CHARTERED			81	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Ctus at Asial	ress (P.O. Box Number is Not Acceptable)		
				02	Street Addi	ress (P.O. Box Number is Not Acceptable)		
				63	· ····			
				00	Oite :		1001 7:	0.4
				84	City	F	L 85 Zip	Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, for floridal Such cations of Section	lorida Statules change was au 607.0505, Flori	s, the above thorized by ida Statutes	-named corp the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing ppointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if emplicable	(NOTE	Dogislared Ana	nt rinnstwe requir	red when reinstating) DATE		
12.		D DIRECTORS	(1072	13.	n signatara tequi	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PD		DELETE	1.1 TITLE			☐ Change	Addition
NAME	SOLANO, ROBERTO			1.2 NAME				i
STREET ADDRESS				1.3 STREET	ADDRESS			
CITY - ST - ZIP	HIALEAH GARDENS FL 3301	16		14 CITY-S	T-ZIP			
TITLE	VSTD		DELETE	21 TITLE			Change	Addition
NAME	CASAS, RAYMOND J			2.2 NAME				į
STREET ADDRESS	2748 WEST 79TH STREET			23 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 3301		<u></u>	2.4 CITY-S	T-ZIP			
TITLE		L	DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				İ
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-S1-ZIP			T bruere	3.4. CITY - S	T- ZIP		01	114400-
TITLE		L.	DELETE	4.1 TITLE			Change	L. Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ľ			ļ
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.4 CITY-S	I - ZIP		Change	Addition
NAME		L	_ occit	5.1 HILE 5.2 NAME			L. Change	LJ AQUIDOS
STREET ADDRESS				5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	1			1
TITLE			DELETE	6.1 TITLE	1 4.11		Change	Addition
NAME		_	_	6.2 NAME			•-	
STREET ADDRESS				6.3 STREET	ADDRESS			1
				6.4 CITY-S				
				-				1.0

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is 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 receign 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 by on an attachment with an address.

SIGNATURE:

Porter Solano

4/14/98

(305) 822-4556