

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000053394

1. Corporation Name

TWIN CONSTRUCTION, INC.

Principal Place of Business

890 N.W. 45TH AVENUE  
#22  
MIAMI FL 33126

Mailing Address

890 N.W. 45TH AVENUE  
#22  
MIAMI FL 33126



04/26/99 90132 031 158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

65-0761256

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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ARUCAS, JULIAN A  
890 N.W. 45TH AVE.  
#22  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

DIAZ, Edwin D.

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

890 N.W. 45 AVE #22

83

84 City

Miami

FL

85 Zip Code

33126

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 X *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME ARUCAS, JULIAN A  
STREET ADDRESS 890 N.W. 45TH AVENUE, #22  
CITY-STATE-ZIP MIAMI FL 33126

TITLE VP ☐ DELETE

NAME DIAZ, EDWIN D  
STREET ADDRESS 890 N.W. 45TH AVENUE, #22  
CITY-STATE-ZIP MIAMI FL 33126

TITLE S ☒ DELETE

NAME BATRES, CARLOS A  
STREET ADDRESS 890 NW 45 AVE., #22  
CITY-STATE-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P DIAZ, Edwin D ☒ Change ☐ Addition

890 N.W. 45 AVE #22  
MIAMI FL 33126

VP MATAMOROS, Julio ☐ Change ☒ Addition

890 N.W. 45 AVE #22  
MIAMI FL 33126

☐ Change ☐ Addition

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.

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

Date

(305) 476-8224  
Daytime Phone #

CR2ED34 (5/99)