SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0043547

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:24

DOCUMENT # P98000039046

1. Corporation Name

TWIN APARTMENTS, INC.

Principal Place of Business	Mailing Address
2307 DOUGLAS ROAD #401 MIAMI FL 33145	2307 DOUGLAS ROAD #401 MIAMI FL 33145

9-15-99 90008 012 550.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1998

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4225 West 16 AVE
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, Florida
Zip 29 33012 Country 30 USA

4. FEI Number: 65-083395-7 ☐ 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

JIMENEZ, MARIO R
2307 DOUGLAS ROAD #401
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: y SANTIAGO ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable): 4225 West 16 AVE
83
84 City: HIALEAH FL 85 Zip Code: 33012

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 when reinstating) DATE:
(Type or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☒ DELETE	11 TITLE	PSTD ☒ Change ☐ Addition
NAME	JIMENEZ, MARIO R	12 NAME	
STREET ADDRESS	2307 DOUGLAS ROAD #401	13 STREET ADDRESS	4225 West 16 Avenue
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	HIALEAH, FLORIDA 33012
TITLE	V ☐ DELETE	21 TITLE	VP ☐ Change ☒ Addition
NAME	ALVAREZ, SANTIAGO J JR.	22 NAME	VIVIAN P. GARCIA
STREET ADDRESS	3775 KUMQUAT AVENUE	23 STREET ADDRESS	4225 West 16 Avenue
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	HIALEAH, FLORIDA 33012
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (5/99)

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: _____ AD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #