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 # S84831

(4)

THE TWINS PRINTING, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
5706 DEWEY		5706 DEWEY STREET			
HOLLYWOOD	FL 33023	HOLLYWOOD FL 33023		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	3 01 AOL
				10/03/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
21 9126	JEWEN STREET	5 26 5826 SEINCE	y STREET		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22 / 27			•	5. Certificate of Status Desired	Fee Required
23 +0 14 4000 28 40 14 4000 1				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 1 2 Country			Sountry	This corporation owes or has paid the corporation of th	
24 730 V 7 25 5 TO () 9/11 /29 290 V 1 30			JON AND		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PADIAC CALL IO					
DANIAS, EMILIO					
5706 DEWEY STREET			82 Street	ddress (P.O. Box Number is Not Acceptable)	,
HOLLYWOOD, 33023				she versen sweet	
			63		
			84 City	Hollywoon F	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpolation 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when				equired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	D BADIAC EMILIO	☐ DELETE	1.1 TITLE		Ti rusuiña Fi voninon
NAME	BARIAS, EMILIO		1.2 NAME		
STREET ADDRESS	721 S.W. 1ST ST. HALLANDALE FL		1.3 STREET ADORESS		
CITY-ST-ZIP	D HALLANDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	BARIAS, MILADYS				C ottorigo C reconstru
NAME CTOTET ACCOUNTS	721 S.W. 1ST ST.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	HALLANDALE FL		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	INCOME	DELETE	2.4 GHY-SI-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		1	3.3 STREET ADDRESS		
4			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby co	ertify that the information supplie	ed with this filing does not qualify for the	he 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 Stafutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					