

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566459 (4)

1. Corporation Name

BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1901 BRICKELL AVE.
BOX D
MIAMI FL 33129

Mailing Address

1901 BRICKELL AVE.
BOX D
MIAMI FL 33129



3. Date Incorporated or Qualified

02/22/1978

3a. Date of Last Report

06/19/1995

4. FEI Number

59-1807939

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL, ESQ.
44 WEST FLAGLER ST.
14 FLOOR COURTHOUSE TOWER
MIAMI FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

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, type or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE

PT

NAME

MITCHELL, ROBBY

STREET ADDRESS

1901 BRICKELL AVENUE

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

S

☐ DELETE

☐ Change ☐ Addition

NAME

RODRIGUEZ, LAURA

STREET ADDRESS

1901 BRICKELL AVENUE

CITY- ST- ZIP

MIAMI FL

TITLE

D

☐ DELETE

☐ Change ☐ Addition

NAME

QUIROS, MAGDA

STREET ADDRESS

1901 BRICKELL AVE

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

D

☐ DELETE

☐ Change ☐ Addition

NAME

MAIER, RONALD

STREET ADDRESS

1901 BRICKELL AVENUE

CITY- ST- ZIP

MIAMI, FL 00000

TITLE

VP

☐ DELETE

☐ Change ☐ Addition

NAME

DAYTON, LEE

STREET ADDRESS

1901 BRICKELL AVENUE

CITY- ST- ZIP

MIAMI FL

TITLE

D

☐ DELETE

☐ Change ☐ Addition

NAME

SEMET, BARRY

STREET ADDRESS

1901 BRICKELL AVENUE

CITY- ST- ZIP

MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)