

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96

B 5696 NC

DOCUMENT # 614650 (0)

1. Corporation Name

BRICKELL TOWNHOUSE, INC.



Principal Place of Business

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1643
MIAMI FL 33131

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SUITE 1643
MIAMI FL 33131

3. Date Incorporated or Qualified
02/28/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1907076

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, JOSEPH A.
825 S. BAYSHORE DR., TWR III, STE 1643
MIAMI FL 33131

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 607.0602 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 of person listed below as registered agent and the Agent

Signature of Registered Agent (signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME S MENDELSON, ARLENE
STREET ADDRESS 825 S. BAYSHORE DR. #1643
CITY- ST- ZIP MIAMI FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE DELETE
NAME PD MENDELSON, LAURANS A.
STREET ADDRESS 825 S. BAYSHORE DR. #1643
CITY- ST- ZIP MIAMI FL

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY- ST- ZIP

TITLE DELETE
NAME V PAUL, JOSEPH A.
STREET ADDRESS 825 S. BAYSHORE DR. #1643
CITY- ST- ZIP MIAMI FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE DELETE
NAME AS VETTER, JUDITH
STREET ADDRESS 825 S BAYSHORE DR #1643
CITY- ST- ZIP MIAMI FL

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 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

4-29-96 (305) 374-1744

CR2E034 (12/95)