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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 614650 (0)

1. Corporation Name
BRICKELL TOWNHOUSE, INC.

Principal Place of Business Mailing Address
825 SOUTH BAYSHORE DRIVE 825 SOUTH BAYSHORE DRIVE
SUITE 1643 SUITE 1643
MIAMI FL 33131 MIAMI FL 33131-2820



2. Principal Place of Business 2a. Mailing Address
21 825 BRICKELL BAY DRIVE 26 825 BRICKELL BAY DRIVE

22 TOWER III SUITE 1643 27 TOWER III SUITE 1643

23 MIAMI, FL 28 MIAMI, FL

24 33131 25 USA 29 33131 30 USA

3. Date Incorporated or Qualified 02/28/1979 3a. Date of Last Report 05/01/1996

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

6. 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 LAURANS A. MENDELSON
82 Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL BAY DRIVE
83 SUITE 1643
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0107 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 LAURANS A. MENDELSON 4/11/97
(NOTE: Registered Agent signature required when reinstating)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include ARLENE MENDELSON, LAURANS A. MENDELSON, PAUL, JOSEPH A., JUDITH VETTER, and an empty row.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows 1.1-1.4 and 2.1-2.4 are empty. Rows 3.1-3.4 and 4.1-4.4 are empty. Rows 5.1-5.4 and 6.1-6.4 are empty.

14. I do 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 partner 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: LAURANS A. MENDELSON 4/11/97 (305) 374-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)