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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 746394

1. Corporation Name

BRICKELL FOREST CONDOMINIUM, INC.

Principal Place of Business

2410 BRICKELL AVENUE
 MANAGER'S OFFICE
 MIAMI FL 33129

Mailing Address

2410 BRICKELL AVENUE
 MANAGER'S OFFICE
 MIAMI FL 33129



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/22/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2057429	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SKRLD INC
 201 ALHAMABRA CIRCLE
 SUITE 1102
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, JUAN VICENTE	1.2 NAME	DAVILA, JUAN VICENTE
STREET ADDRESS	2480 BRIKELL AVE, #304A	1.3 STREET ADDRESS	2430 BRICKELL AVE #304A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, HERBERT	2.2 NAME	
STREET ADDRESS	2400 BRICKELL AVE #101D	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, KATHLEEN	3.2 NAME	
STREET ADDRESS	2410 BRICKELL AVE #305C	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHARD, DIONE	4.2 NAME	ROBERTO TORRICELLA
STREET ADDRESS	2400 BRICKELL AVE #100A	4.3 STREET ADDRESS	2400 BRICKELL AVE #301D
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, ALEX	5.2 NAME	
STREET ADDRESS	2410 BRICKELL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 305 856-0376

CR2E037 (1/98)