

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000545 (4)**

1. Corporation Name

MODEX BRICKELL, INC.

Principal Place of Business

Mailing Address

1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036

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NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3696439

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

County

Zip

County

8. This corporation has liability for intangible tax under § 199.039, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
TANSEY, FRANCES X
50 GLENBROOK ROAD
STAMFORD CT 06902

1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
LUSKI, DAVID
194 MOREHOUSE ROAD
EASTON CT 06612

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
LAVIN, JAMES
258 RIVERSIDE DRIVE
NEW YORK NY 10025

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 defined in Section 119.07(3)(b), 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 or assignee to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

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

4/21/95 (4) 764-3240
DATE (Typed Name)