


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 22 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M31447** (9)
 1. Corporation Name
BRIGHTON DEVELOPMENT CO.



Principal Place of Business 615 N. RED ROAD 400 MIAMI FL 33126 US	Mailing Address 815 N. RED ROAD 400 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/02/1986	3a. Date of Last Report 02/02/1996
4. FEI Number 65-0015046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GONZALEZ, LOUIS O.
815 N. RED ROAD
SUITE 400
MIAMI FL 33126

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	GONZALEZ, LOUIS O.	
STREET ADDRESS	815 N. RED ROAD SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	JAHARIS, MICHAEL JR.	
STREET ADDRESS	1925 BRICKELL AVE. #D908	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	DONALD S. SMITH		
1.3 STREET ADDRESS	815 N. RED ROAD, SUITE 400		
1.4 CITY-ST-ZIP	MIAMI, FL 33126		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	LESLIE SMITH		
2.3 STREET ADDRESS	815 N. RED ROAD, SUITE 400		
2.4 CITY-ST-ZIP	MIAMI, FL 33126		
3.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	LISA RAMOS		
3.3 STREET ADDRESS	815 N. RED ROAD, SUITE 400		
3.4 CITY-ST-ZIP	MIAMI, FL 33126		
4.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	LISABTE NUNEZ		
4.3 STREET ADDRESS	815 N. RED ROAD, SUITE 400		
4.4 CITY-ST-ZIP	MIAMI, FL 33126		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: _____ DATE: 8/14/97 205-262-6100

CR2E034 (4/97)