FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CICNATUDE:

PROFIT Apr 01 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M43747 (8) BRICKELL KEY REALTY, INC. Principal Place of Business Mailing Address 601 BRICKELL KEY DR. 601 BRICKELL KEY DR. SUITE E MIAMI FL 33131 SUITE E MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 300 1/11/10/01 3006 AVIATION 59-2752998 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 \Box Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AvilA, EDUARDO AVILA, EDUARDO Street Address (P.O. Box Number is Not Acceptable)
3006 AVIATION //VE 601 BRICKELL KEY DR 82 SUITE E 83 **MIAMI FL 33131** 2-A 84 CCONUT GROVE 35/33 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 Blorda, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's gnature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE **PDS** ☐ DELETE 1.1 TITLE Change Addition NAME **AVILA, EDUARDO** 1.2 NAME 3006 ALLAHON AVE, 2-A 601 BRICKELL KEY DR. STREET ADDRESS 1.3 STREET ADDRESS COCONNITGROVE, FL 33133 MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 21P TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tursue oppowered 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 air address.

FILED