

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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DOCUMENT # N34786 (6)

1. Corporation Name
BRICKELL FOREST ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2405 S. MIAMI AVE. MIAMI FL 33129 US	Mailing Address 2405 S. MIAMI AVENUE MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1989	3a. Date of Last Report 01/25/1994
4. FEI Number 65-0150880	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**VILLATE, SYLVIA
 3309 NW 7TH ST.
 MIAMI FL 33125**

10. Name and Address of New Registered Agent

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

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 reinstating.)
 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKOWER, GABRIEL 2401 S. MIAMI AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUR, STREVEN 2403 S. MIAMI AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, MILDRED A. 2411 S. MIAMI AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOMBO, RAUL 2407 S. MIAMI AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIED, GAIL 2405 S. MIAMI AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRATT, PETER 2409 S. MIAMI AVE. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Dinter, Heinz Miami, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Schnur, Steven 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Reichenbach, B. 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE: Gail Schmied **Gail Schmied** **1-16-95 (305) 358-5100**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 _____ Date _____ Daytime Phone #