

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business: 21 2403 S. Miami Ave. 22 Suite, Apt. #, etc. 23 Miami, Fl. 24 Zip 33129 25 Country
2a. Mailing Address: 26 Same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

3. Date Incorporated or Qualified: 10/19/1989
3a. Date of Last Report: 01/24/1995
4. FEI Number: 65-0150880
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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: PATRICIO SUAREZ
82 Street Address (P.O. Box Number is Not Acceptable): 2403 S. Miami Ave.
83
84 City: Miami FL 85 Zip Code: 33129

11. Pursuant to the provisions of Sections 617.0532 and 617.1506, 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.
Patricio Suarez - Treasurer April 15, 1996

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when reinstating.
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: N 12

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DINTER, HEINZ	
STREET ADDRESS	2401 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNUR, STEVEN	
STREET ADDRESS	2403 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVE, MILDRED A.	
STREET ADDRESS	2411 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REICHENBACH, B.	
STREET ADDRESS	2407 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIED, GAIL	
STREET ADDRESS	2405 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRATT, PETER	
STREET ADDRESS	2409 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: N 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SUAREZ, PATRICIO	
23 STREET ADDRESS	2403 S. MIAMI AVE.	
24 CITY-ST-ZIP	MIAMI, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 stated in Section 119.07(3)(k), 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: *[Signature]* Patricio Suarez / Treasurer April 15, 1996 (305) 477-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day, the Month of Year

CR2E037 (12/95)