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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N34786 (6)

BRICKELL FOREST ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2403 S MIAMI AVE
MIAMI FL 33129
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified 10/19/1989
3a. Date of Last Report 04/19/1996

4. FEI Number 65-0150880
Applied For Not Applicable

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

10. Name and Address of New Registered Agent

PATRICIO SUAREZ
2403 S MIAMI AVE
MIAMI FL 33129

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature of preparer or preparer's authorized representative if applicable) (Other Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME DINTER, HEINZ
STREET ADDRESS 2401 S. MIAMI AVE.
CITY, ST, ZIP MIAMI FL
TITLE D
NAME SUAREZ, PATRICIO
STREET ADDRESS 2403 S. MIAMI AVENUE
CITY, ST, ZIP MIAMI FL
TITLE D
NAME LOVE, MILDRED A.
STREET ADDRESS 2411 S. MIAMI AVE.
CITY, ST, ZIP MIAMI FL
TITLE D
NAME REICHENBACH, B.
STREET ADDRESS 2407 S. MIAMI AVE.
CITY, ST, ZIP MIAMI FL
TITLE D
NAME SCHMIED, GAIL
STREET ADDRESS 2405 S. MIAMI AVE
CITY, ST, ZIP MIAMI FL
TITLE D
NAME BARRATT, PETER
STREET ADDRESS 2409 S. MIAMI AVE.
CITY, ST, ZIP 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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Patricio Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date March 5/97
Display Phone 0028654

CR2E037 (9/96)