

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000073897 (8)
1. Corporation Name
BRIGHTON COMPANIES, INC.

Principal Place of Business Mailing Address
815 BLUE LAGOON DR #400 MIAMI FL 815 BLUE LAGOON DR #400 MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1994 3a. Date of Last Report

4. FEI Number 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 815 N. Red Road 26 815 N. Red Road

22 Suite, Apt #, etc 400 27 Suite, Apt #, etc 400

23 City & State Miami, FL 28 City & State Miami, FL

24 Zip 33126 25 Country USA 29 Zip 33126 30 Country USA

9. Name and Address of Current Registered Agent
BUCELO, ARMANDO J JR ESQ
2828 CORAL WAY
SUITE 307
MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name Leslie Smith
82 Street Address (P.O. Box Numbers Not Acceptable) 815 N. Red Road
83 Suite 400
84 City Miami FL 85 Zip Code 33126

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Leslie Smith Date 4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCELO, ARMANDO J JR ESQ	2 NAME	Donald S. Smith
STREET ADDRESS	2828 CORAL WAY SUITE 307	3 STREET ADDRESS	President
CITY ST ZIP	MIAMI FL 33145	4 CITY ST ZIP	815 N Red Road #400
TITLE		5 CITY ST ZIP	Miami FL 33126
NAME		21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		22 NAME	Lisa G. Ramos
CITY ST ZIP		23 STREET ADDRESS	Vice President
TITLE		24 CITY ST ZIP	815 N. Red Road #400
NAME		25 CITY ST ZIP	Miami, FL 33126
STREET ADDRESS		31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY ST ZIP		32 NAME	Secretary
TITLE		33 STREET ADDRESS	Leslie Smith
NAME		34 CITY ST ZIP	815 N Red Road
STREET ADDRESS		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		42 NAME	
TITLE		43 STREET ADDRESS	
NAME		44 CITY ST ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		52 NAME	
TITLE		53 STREET ADDRESS	
NAME		54 CITY ST ZIP	
STREET ADDRESS		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		62 NAME	
TITLE		63 STREET ADDRESS	
NAME		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)(b), 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 in an attachment with an address.

SIGNATURE: *[Signature]* Secretary Date 4/17/95 (255) 262-6000