

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90022 014 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000003184**

1. Corporation Name  
**TERREMARK BRICKELL III, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2601 S BAYSHORE DR PH-1 MIAMI FL 33133	Mailing Address 2601 S BAYSHORE DR PH-1 MIAMI FL 33133
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3. Date Incorporated or Qualified <b>01/12/1998</b>	
4. FEI Number 65-0819647	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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9. Name and Address of Current Registered Agent

**GOODKIND, BRIAN K**  
**2601 S BAYSHORE DR PH-1**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

83

84 City **Plantation** **FL** 85 Zip Code **33324**

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 \_\_\_\_\_ DATE **4/ /99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEDINA, MANUEL D</b>
STREET ADDRESS	<b>2601 S BAYSHORE DR PH-1</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PEREZ-CISNEROS, TERESA</b>
STREET ADDRESS	<b>2601 S BAYSHORE DR PH-1</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Christopher M. Jeffries</b>
1.3 STREET ADDRESS	<b>c/o Millennium Partners, 1995 Broadway, New York</b>
1.4 CITY-ST-ZIP	<b>NY 10023</b>
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Philip A. Aarons</b>
2.3 STREET ADDRESS	<b>c/o Millennium Partners, 1995 Broadway, New York</b>
2.4 CITY-ST-ZIP	<b>NY 10023</b>
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Philip H. Lovett</b>
3.3 STREET ADDRESS	<b>c/o Millennium Partners, 1995 Broadway, New York</b>
3.4 CITY-ST-ZIP	<b>NY 10023</b>
4.1 TITLE	V/Assistant S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Steven L. Hoffman</b>
4.3 STREET ADDRESS	<b>c/o Millennium Partners, 1995 Broadway, New York</b>
4.4 CITY-ST-ZIP	<b>NY 10023</b>
5.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Brian J. Collins.</b>
5.3 STREET ADDRESS	<b>c/o Millennium Partners, 1995 Broadway, New York</b>
5.4 CITY-ST-ZIP	<b>NY 10023</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate, that I am an officer or director of the corporation or the receiver or trustee empowered to exercise the powers of Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other filers.

SIGNATURE: \_\_\_\_\_ DATE **4/ /99** (212) 595-1831

**SIGNATURE REQUIRED** President & Secretary

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

CR2E034 (1/98)

