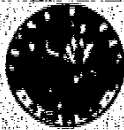


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38073 (5)

1. Corporation Name

BRICKELL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O T. SINCLAIR JACOBS
195 SW 15TH RD SUITE 203
MIAMI FL 33129

C/O T. SINCLAIR JACOBS
195 SW 15TH RD SUITE 203
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1990

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0198700

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

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

JACOBS, T. SINCLAIR
195 SW 15TH RD
SUITE 203
MIAMI FL 33129

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JACOBS, T. SINCLAIR
STREET ADDRESS	195 SW 15TH RD #203
CITY - ST - ZIP	MIAMI FL 33129
TITLE	VD
NAME	PANJABI, VEENA
STREET ADDRESS	1541 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL 33129
TITLE	SD
NAME	LOBO, MARYE
STREET ADDRESS	280 SE 15 ROAD
CITY - ST - ZIP	MIAMI FL 33129
TITLE	TD
NAME	BONILLA-MATHE, SALVADOR
STREET ADDRESS	35 SE 7 ST
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	BAILEY, HERBERT
STREET ADDRESS	2400 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL 33129
TITLE	D
NAME	DEFORTUNA, EDGARDO
STREET ADDRESS	1925 BRICKELL AVE
CITY - ST - ZIP	MIAMI FL 33129

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. SINCLAIR JACOBS

4/21/95

858-9699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing (Phone #)