FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:08

DOCUMENT # **P93000083202 (0)**

1. Corporation Name

2475 BRICKELL AVENUE, INC.

Principal Place of Business
2600 DOUGLAS ROAD, SUITE 900
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS ROAD, SUITE 900
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 05/01/1994

4. FEI Number: [redacted] 65-0487859 ☐ 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

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

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
STE. 700
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHERMER, ROBERT E JR.
STREET ADDRESS	2600 DOUGLAS RD. #900
CITY-ST-ZIP	CORAL GABLES FL
TITLE	S
NAME	HEWETT, CHRISTOPHER B
STREET ADDRESS	2600 DOUGLAS RD. #900
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE	☐ Change ☐ Addition
1) NAME	
1) STREET ADDRESS	
1) CITY-ST-ZIP	
2) TITLE	☐ Change ☐ Addition
2) NAME	
2) STREET ADDRESS	
2) CITY-ST-ZIP	
3) TITLE	☐ Change ☐ Addition
3) NAME	
3) STREET ADDRESS	
3) CITY-ST-ZIP	
4) TITLE	☐ Change ☐ Addition
4) NAME	
4) STREET ADDRESS	
4) CITY-ST-ZIP	
5) TITLE	☐ Change ☐ Addition
5) NAME	
5) STREET ADDRESS	
5) CITY-ST-ZIP	
6) TITLE	☐ Change ☐ Addition
6) NAME	
6) STREET ADDRESS	
6) CITY-ST-ZIP	

REMITTED BY MAY 1

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: , PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER B. HEWETT

4/20/95
Date

305/448-3293
Daytime Phone