

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 752191 (7)
1. Corporation Name
BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
P O BOX 452935
MIAMI FL 33245

Mailing Address
P O BOX 452935
MIAMI FL 33245

3. Date Incorporated or Qualified
04/24/1980

3a. Date of Last Report
06/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2033496		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RAMON	1.2 NAME	
STREET ADDRESS	2201 BRICKNELL AVE. 71	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, JOE	2.2 NAME	
STREET ADDRESS	2201 BRICKELL AVE., #35	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YTVRRALDE, RAFAEL	3.2 NAME	
STREET ADDRESS	2201 BRICKELL AVE #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, ROGER	4.2 NAME	
STREET ADDRESS	2201 BRICKELL AVE 55	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIFUENTES, MARIA	5.2 NAME	
STREET ADDRESS	2201 BRICKELL AVENUE #22	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, ALVARO	6.2 NAME	
STREET ADDRESS	2201 BRICKELL AVENUE #22	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X) *[Signature]* V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.
DOCUMENT # 752191 (7)

BLOCK 13. OFFICERS AND DIRECTORS

1. PD
CIFUENTES, MARIA
2201 BRICKELL AV. #75
MIAMI FL
2. VPD
GUERRA, JOE
2201 BRICKELL AV. #35
MIAMI FL
3. SD
YTURRALDE, RAFAEL
2201 BRICKELL AV. #16
MIAMI FL
4. TD
MENDEZ, ALVARO
2201 BRICKELL AV. #22
5. D
MADERA, FELIX
2201 BRICKELL AV. #40
MIAMI FL
6. D
TAYLOR, MARGO
2201 BRICKELL AV. #70
MIAMI FL
7. D
LATTERNER, SEAN
2201 BRICKELL AV. #61
MIAMI FL