

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **750138** (0)
1. Corporation Name
BRICKELL BISCAYNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
150 S E 25TH ROAD **150 S E 25TH ROAD**
MIAMI FL 33129 **MIAMI FL 33129**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1979		3a. Date of Last Report 06/28/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2068931		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
% BECKER & POLIAKORP 6161 BLUE LAGOON DR. SUITE 250 MIAMI FL 33126				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACK, BLANCHE			1.2 NAME	CARLOS ROBLES		
STREET ADDRESS	150 SE 25TH RD STE 14-J			1.3 STREET ADDRESS	150 SE 25 RD, #6-E		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBLES, CARLOS			2.2 NAME	EDUARDO CUE		
STREET ADDRESS	150 SE 25TH RD STE 6-E			2.3 STREET ADDRESS	150 SE 25 RD, #14-A		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OVADEK, JOSEPH			3.2 NAME	GUY TERREROS		
STREET ADDRESS	150 SE 25TH RD STE 5-C			3.3 STREET ADDRESS	150 SE 25 RD, #15-F		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSELL, PATRICK			4.2 NAME	MARGARET LEE		
STREET ADDRESS	150 SE 25TH RD STE 9-A			4.3 STREET ADDRESS	150 SE 25 RD, #11-B		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALCOTT, Nanci			5.2 NAME	PATRICK RUSSELL		
STREET ADDRESS	150 SE 25TH RD STE 14-H			5.3 STREET ADDRESS	150 SE 25 RD, #9-A		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, JUDSON			6.2 NAME	SARAH STEINBAUM		
STREET ADDRESS	150 SE 25TH RD STE 7-B			6.3 STREET ADDRESS	150 SE 25 RD, #9-I		
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP	MIAMI, FL 33129		

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date **04/17/96** Daytime Phone # _____

CR2E037 (12/95)