


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752191					
1. Corporation Name BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2201 BRICKELL AVE. MIAMI FL 33129			Mailing Address 2201 BRICKELL AVE. BOX #100 MIAMI FL 33129		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2033496	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 checked="" type="checkbox"/> DELETE		1.1 TITLE	SECRETARY		
NAME	MADERA, FELIX			1.2 NAME	CAROLEE MC INTIRE		
STREET ADDRESS	2201 BRICKNELL AVE. 40			1.3 STREET ADDRESS	86T NE 91 TERR.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER		
NAME	GUERRA, JOE			2.2 NAME	JULIO OSPINA		
STREET ADDRESS	2201 BRICKELL AVE., #35			2.3 STREET ADDRESS	2201 BRICKELL AVE. #63		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR		
NAME	MENDEZ, ALEX			3.2 NAME	SEAN LATTERDER		
STREET ADDRESS	2201 BRICKELL AVE. APT. 22			3.3 STREET ADDRESS	2201 BRICKELL AVE. #61		
CITY-ST-ZIP	MIAMI FL 33129			3.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR		
NAME	YTURRALDE, RAFAEL			4.2 NAME	RAFAEL YTURRALDE		
STREET ADDRESS	2201 BRICKELL AVE. APT. 16			4.3 STREET ADDRESS	2201 BRICKELL AVE., #16		
CITY-ST-ZIP	MIAMI FL 33129			4.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR		
NAME	IOLESIAS, JORGE			5.2 NAME	MARCO TAYLOR		
STREET ADDRESS	2201 BRICKELL AVE. APT. 82			5.3 STREET ADDRESS	2201 BRICKELL AVE. #70		
CITY-ST-ZIP	MIAMI FL 33129			5.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE			
NAME	OSPINA, JULIO			6.2 NAME			
STREET ADDRESS	2201 BRICKELL AVE. APT. 63			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 (305) 285-4388
Date Daytime Phone #

CR2E037 (11/98)