

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **381668** (3)
1. Corporation Name
BRICKELL OFFSET, INC.



Principal Place of Business: **900 SOUTH MIAMI AVE MIAMI FL 33130**
Mailing Address: **900 SOUTH MIAMI AVE MIAMI FL 33130**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/06/1971	3a. Date of Last Report 03/06/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1378728	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	81. Name	10. Name and Address of New Registered Agent
HEBERLING, OTTO, JR 2633 SW 31 AVENUE MIAMI FL 33133	82. Street Address (P.O. Box Number is Not Acceptable)	
	83. City	
	84. City	85. Zip Code
		FL

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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HEBERLING, RUSSELL W	2. NAME	
3. STREET ADDRESS	3660 AVOCADO AVENUE	3. STREET ADDRESS	
4. CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	
5. TITLE	STD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	HEBERLING, OTTO JR.	6. NAME	
7. STREET ADDRESS	2633 SW 31 AVENUE	7. STREET ADDRESS	
8. CITY - ST - ZIP	MIAMI FL	8. CITY - ST - ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY - ST - ZIP		12. CITY - ST - ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY - ST - ZIP		16. CITY - ST - ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. 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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Russell W Heberling* **2-2-96** **305 358-2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)