

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 437153 (0)**

1. Corporation Name  
**BRICKELL FINANCIAL SERVICES, INC.**



Principal Place of Business  
**225 ALCAZAR AVENUE  
 CORAL GABLES FL 33134**

Mailing Address  
**225 ALCAZAR AVENUE  
 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **10/01/1973** 3a. Date of Last Report **07/06/1995**

2. Principal Place of Business  
 21 **3081 Salzedo Street**  
 Suite, Apt. #, etc

2a. Mailing Address  
 26 **3081 Salzedo Street**  
 Suite, Apt. #, etc

4. FEI Number **59-1488031** Applied For  Not Applicable

23 **Coral Gables, FL**  
 City & State

28 **3081 Salzedo Street**  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 **33134** 25 Country 29 **33134** 30 Country

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

9. Name and Address of Current Registered Agent  
**HUTCHINSON (ALBERT N.)  
 225 ALCAZAR AVE.  
 CORAL GABLES FL 33134-1401**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2575 South Bayshore Drive, Suite 15B**  
 83  
 84 City **Miami** 85 Zip Code **FL 33133**

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 **Albert N. Hutchinson** *as of 7/26/96* DATE **7/26/96**

12. OFFICERS AND DIRECTORS

TITLE	ST	WILSON, BETTY J.	310 SW 64TH CT. MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE	PD	HUTCHINSON, ALBERT N.	225 ALCAZAR AVE CORAL GABLES	<input type="checkbox"/> DELETE
TITLE	VPDS	RUDICK, LEE	7200 SW 129 STREET MIAMI FL	<input type="checkbox"/> DELETE
TITLE	TD	CASH, DAVID W.	2305 SW 183 TERRACE MIRAMAR FL	<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE			
22 NAME			
23 STREET ADDRESS		<b>3081 Salzedo Street</b>	
24 CITY - ST - ZIP		<b>Coral Gables, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<b>VP Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<b>C.F.O., Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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: *David W. Cash* **David W. Cash, Treasurer** 6/7/96 305-446-4690

CR2E034 (3/96)