FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 437153

(0)

1. Corporation Name BRICKELL FINANCIAL SERVICES, INC. Principal Place of Business 3081 SALZEDO STREET CORAL GABLES FL 33134 US Mailing Address 3081 SALZEDO STREET CORAL GABLES FL 33134 US							
•		••			Date Incorporated or Qualified 10/01/1973	3a. Date of 1	
2. Principal Place of Business 2a. Mailing Add			ddress		4. FEI Number 59-1488031	Applied For Not Applicable	
Suite, Apt.	,	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional see Required
City & State		City & State	26		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Z _i p 29	Coun	try]Yes ☐ No	
	g, Name and Address of Cur	rent Registered Agent		1 Name	10. Name and Address of New Re	egistered Agent	
HUTCHINSON (ALBERT N.) 2575 SOUTH BAYSHORE DRIVE SUITE 15-B MIAMI FL 33133			1	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			,	4 City		FL 85	Zip Code
11. Pursuant office or r agent. La SIGNATURE	Signature: typed or puried name of registered	agent and the if applicable (NC			orporation submits this statement for the pration's board of directors. I hereby acce	purpose of chan pt the appointment AATE	ging its registered ant as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	ST	☐ DELETE	1.5 TITL]		∐ 01	nange
NAME	WILSON, BETTY J. 310 SW 64TH CT.		1.2 NAN	·			
STREET ADDRESS	MIAMI FL			ET ADDRESS			
CITY - ST - ZiF	PD PD	DELETE	1.4 CiTy 2.1 TiYl	- ST - ZIP		Пс	nanne Addition
NAME	HUTCHINSON, ALBERT N.	C'' DETCIE	2.1 IIVL 2.2 NAN	- I		ب نــا	nange La Madalaba
STREET ADDRESS	3081 SALZEDO STREET		1	EET ADDRESS			
CITY-S1-ZIP	CORAL GABLES FL	•	1				
TITLE	VPS	DELETE	3.1 111	r-ST-ZIP		T C	nange Addition

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Vice-President

Ft. Lauderdale,

519 Carrington Drive

Bewley, James

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE: (

RUDICK, LEE

CASH, DAVID W.

MIRAMAR FL

MIAMI FL

CFOT

7200 SW 129 STREET

2305 SW 183 TERRACE

NAME

TITLE

NAME

TILLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY ST-76P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/32/97 (305/446-4690 Dayline Proce t

Change Addition

Change

Addition

FILED

May 02 1997 8:00am

Secretary of State