

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 493969 (0)

1. Corporation Name

BRICKSELL, INC.



Principal Place of Business

Mailing Address

40420 S.W. 87TH CT.
MIAMI FL 33176

40420 S.W. 87TH CT.
MIAMI FL 33176

3. Date Incorporated or Qualified

01/22/1976

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

21 C/O 250 CATALONIA AVE.

Suite, Apt. #, etc.

22 SUITE 705

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25

2a. Mailing Address

26 C/O 250 CATALONIA AVE.

Suite, Apt. #, etc.

27 SUITE 705

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 U.S.A.

4. FEI Number

59-1662734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

REGAGE, INC.

40420 S.W. 87TH CT.

MIAMI FL 33176

81 Name

MANUEL A. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

250 CATALONIA AVENUE,

83

SUITE 705

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

Manuel A. Gonzalez

(NOTE: Registered Agent signature required when resigning.)

5/7/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDT

☐ DELETE

NAME

LAMAR, MARIO

STREET ADDRESS

250 CATALONIA AVE #705

CITY-ST-ZIP

CORAL GABLES FL

TITLE

SD

☐ DELETE

NAME

MENDIVE, ARMANDO G

STREET ADDRESS

250 CATALONIA AVE #705

CITY-ST-ZIP

CORAL GABLES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001833874

05/22/96 01019-007

***225.00

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

SIGNATURE: X

Armando G. Mendive-Director

(305)442-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)