

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

FILED
Feb 21 1997 8:00 am
Secretary of State

DOCUMENT # 566459 (4)
1. Corporation Name
BRICKELL PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1901 BRICKELL AVE. 1901 BRICKELL AVE.
BOX D BOX D
MIAMI FL 33129 MIAMI FL 33129-1724

3. Date Incorporated or Qualified 02/22/1978 3a. Date of Last Report 01/25/1996
4. FEI Number 59-1807939 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL, ESQ.
44 WEST FLAGLER ST.
14 FLOOR COURTHOUSE TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PT ☐ DELETE
NAME MITCHELL, ROBBY
STREET ADDRESS 1901 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 00000
TITLE S ☐ DELETE
NAME RODRIGUEZ, LAURA
STREET ADDRESS 1901 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME QUIROS, MAGDA
STREET ADDRESS 1901 BRICKELL AVE
CITY-ST-ZIP MIAMI, FL 00000
TITLE D ☒ DELETE
NAME MAIER, RONALD
STREET ADDRESS 1901 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 00000
TITLE VP ☐ DELETE
NAME DAYTON, LEE
STREET ADDRESS 1901 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME SEMET, BARRY
STREET ADDRESS 1901 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 DIRECTOR
4.3 STREET ADDRESS LINDA BAKER
4.4 CITY-ST-ZIP 1901 BRICKELL AVE
MIAMI, FLA 33129
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

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 if changed, or in an attachment with an address.

SIGNATURE: *Arnold I. Barin* ARNOLD I. BARIN 2.5.97 (305) 854-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)