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FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



Principal Place of Business  
1901 BRICKELL AVE.  
BOX D  
MIAMI FL 33129

Mailing Address  
1901 BRICKELL AVE.  
BOX D  
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1807939	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired Trust Fund Contribution	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL, ESQ.  
44 WEST FLAGER 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
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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	P
NAME	MITCHELL, ROBBY	1.2 NAME	Robboy, Mitchell
STREET ADDRESS	1901 BRICKELL AVENUE	1.3 STREET ADDRESS	1901 Brickell Avenue
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, FL. 33129
TITLE	S	2.1 TITLE	
NAME	RODRIGUEZ, LAURA	2.2 NAME	
STREET ADDRESS	1901 BRICKELL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	QUIROS, MAGDA	3.2 NAME	
STREET ADDRESS	1901 BRICKELL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T
NAME	BAKER, LINDA	4.2 NAME	Baker, Linda
STREET ADDRESS	1901 BRICKELL AVE	4.3 STREET ADDRESS	1901 Brickell Avenue
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	Miami, FL. 33129
TITLE	VP	5.1 TITLE	D
NAME	DAYTON, LEE	5.2 NAME	Campbell, Douglas
STREET ADDRESS	1901 BRICKELL AVENUE	5.3 STREET ADDRESS	1901 Brickell Avenue
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL. 33129
TITLE	D	6.1 TITLE	VP
NAME	SEMET, BARRY	6.2 NAME	Semet, Barry
STREET ADDRESS	1901 BRICKELL AVENUE	6.3 STREET ADDRESS	1901 Brickell Avenue
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL. 33129

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.074(4), 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:

*[Handwritten Signature]*

1-22-98 (305) 264-3600

CR2E034 (1097)