FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996 5-1-96 B 56696 NC

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

DOCUMENT # **614650** (0)

1. Corporation Name

BRICKELL TOWNHOUSE, INC.

Principal Place of Business

825 SOUTH BAYSHORE DRIVE
SUITE 1643
MIAMI FL 33131

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1643
MIAMI FL 33131

3. Date Incorporated or Qualified: **02/28/1979**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-1907076** — 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

9. Name and Address of Current Registered Agent

PAUL, JOSEPH A.
825 S. BAYSHORE DR., TWR III, STE 1643
MIAMI FL 33131

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 below of President or Vice President (Profit) Registered Agent signature (Not-for-Profit) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	MENDELSON, ARLENE	
STREET ADDRESS	825 S. BAYSHORE DR.#1643	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	MENDELSON, LAURANS A.	
STREET ADDRESS	825 S. BAYSHORE DR.#1643	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	PAUL, JOSEPH A.	
STREET ADDRESS	825 S. BAYSHORE DR.#1643	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	☐ DELETE
NAME	VETTER, JUDITH	
STREET ADDRESS	825 S BAYSHORE DR #1643	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		

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 any addition.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (305) 374-1744
Date Daytime Phone #

CR2E034 (12/95)

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