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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33131-2820



3. Date Incorporated or Qualified

02/28/1979

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 825 BRICKELL BAY DRIVE

2a. Mailing Address

26 825 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

22 TOWER III SUITE 1643

Suite, Apt. #, etc.

27 TOWER III SUITE 1643

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

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

LAURANS A. MENDELSON

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

825 BRICKELL BAY DRIVE

83 SUITE 1643

84 City

MIAMI

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0103 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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

LAURANS A. MENDELSON

4/11/97

Signature of person named as registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	MENDELSON, ARLENE	825 S. BAYSHORE DR. #1643	MIAMI FL	<input type="checkbox"/>
PD	MENDELSON, LAURANS A.	825 S. BAYSHORE DR. #1643	MIAMI FL	<input type="checkbox"/>
V	PAUL, JOSEPH A.	825 S. BAYSHORE DR. #1643	MIAMI FL	<input checked="" type="checkbox"/>
AS	VETTER, JUDITH	825 S BAYSHORE DR #1643	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE:

LAURANS A. MENDELSON 4/11/97 (305) 374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0171661

CR2E034 (9/96)