SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **437153** (0)

1. Corporation Name
BRICKELL FINANCIAL SERVICES, INC.

Principal Place of Business
225 ALCAZAR AVENUE
CORAL GABLES FL 33134

Mailing Address
225 ALCAZAR AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1973
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1488031 ☐ 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
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HUTCHINSON (ALBERT N.)
225 ALCAZAR AVE.
CORAL GABLES FL 33134-1401

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	ST	1 1 TITLE	☒ Change ☐ Addition
NAME	WILSON, BETTY J.	1 2 NAME	
STREET ADDRESS	310 SW 64TH CT.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, ALBERT N.	2 2 NAME	
STREET ADDRESS	225 ALCAZAR AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES	2 4 CITY-ST-ZIP	
TITLE	VD	3 1 TITLE	☒ Change ☒ Addition
NAME	RUDICK, LEE	3 2 NAME	VP,D, Secretary
STREET ADDRESS	9850 S.W. 69TH AVE.	3 3 STREET ADDRESS	RUDICK, LEE
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	7200 SW 129 STREET, MIAMI, FL 33156
TITLE		4 1 TITLE	☐ Change ☒ Addition
NAME		4 2 NAME	TREASURER, DIRECTOR
STREET ADDRESS		4 3 STREET ADDRESS	DAVID W. CASH
CITY-ST-ZIP		4 4 CITY-ST-ZIP	2305 SW 183 TERRACE, MIRAMAR, FL 33029
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (3/95)

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: [signature] 6/5/95 (305)446-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
LEE RUDICK

0041538 CP