

**CORPORATION
ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED
95 APR 17 PM 4:05
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 753331 (8)

1. Corporation Name
BRICKELL PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2501 BRICKELL AVENUE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1980** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2066602** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRELLES, GRIZEL
STREET ADDRESS	2501 BRICKELL AVE., #908
CITY-ST-ZIP	MIAMI FL 33129
TITLE	TD
NAME	MIDOLO, HECTOR
STREET ADDRESS	2501 BRICKELL AVE., #806
CITY-ST-ZIP	MIAMI FL 33129
TITLE	SD
NAME	ROQUE, TELMA
STREET ADDRESS	2501 BRICKELL AVE., #302
CITY-ST-ZIP	MIAMI FL 33129
TITLE	D
NAME	GARCIA, EVERALDO
STREET ADDRESS	2501 BRICKELL AVE., #907
CITY-ST-ZIP	MIAMI FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	ENRIQUE T. PRADO
2.4 CITY-ST-ZIP	2501 BRICKELL AVE., #409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	ERIK DON
3.4 CITY-ST-ZIP	2501 BRICKELL AVE., #1209
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	ORLANDO GARCIA
4.4 CITY-ST-ZIP	5401 COLLINS AVE., #911
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	GUILLERMO MOTA
5.4 CITY-ST-ZIP	5900 S.W. 89 AVE.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Grizel Trelles* **4/11/96** **305-858-7550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)
GRIZEL TRELLES, PRESIDENT