

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000000471 (3)

1. Corporation Name:

LODEX BRICKELL, INC.



Principal Place of Business: **1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036**
Mailing Address: **1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036**

3. Date Incorporated or Qualified: **02/01/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-3696937** 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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 that of the registered agent and title if appropriate.

(NOTE: Registered Agent signature required when reinstating.)

(Alt)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANSEY, FRANCIS X	12 NAME	
STREET ADDRESS	50 GLENBROOK ROAD, #11-C	13 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06902	14 CITY - ST - ZIP	
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSKI, DAVID	22 NAME	
STREET ADDRESS	194 MOREHOUSE ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	EASTON CT 06812	24 CITY - ST - ZIP	
TITLE	VS	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, JAMES F	32 NAME	
STREET ADDRESS	258 RIVERSIDE DRIVE, #4B	33 STREET ADDRESS	483 Winthrop Rd.
CITY - ST - ZIP	NEW YORK NY 10025	34 CITY - ST - ZIP	Teaneck, NJ 07666
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Entity Name: _____

CR2E034 (3/96)