

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000545 (4)

1. Corporation Name
MODEX 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 10036-8401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1993		3a. Date of Last Report 07/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3696439		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent					
				81	Name				
				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		85	Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANSEY, FRANCES X		1.2 NAME	FRANCES X TANSEY	
STREET ADDRESS	50 GLENBROOK ROAD		1.3 STREET ADDRESS	137 S. SENECA VALLEY ROAD	
CITY-ST-ZIP	STAMFORD CT 06902		1.4 CITY-ST-ZIP	PARK RIDGE NJ 07657	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSKI, DAVID		2.2 NAME		
STREET ADDRESS	194 MOREHOUSE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	EASTON CT 06612		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, JAMES		3.2 NAME		
STREET ADDRESS	483 WINTHROP ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEANECK NJ		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 _____

CR2E034 (9/96)