

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**  
07-26-1999 90007 036 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F93000000545** ✓  
1. Corporation Name  
**MODEX BRICKELL, INC.**

<b>Principal Place of Business</b> 1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036	<b>Mailing Address</b> 1180 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK NY 10036
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1993</b>	
21		26		4. FEI Number <b>13-3696439</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b> <b>1406 HAYS STREET</b> <b>SUITE 2</b> <b>TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signs)

12. OFFICERS AND DIRECTORS				13. DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	FRANCIS X. TANSEY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TANSEY, FRANCES X			1.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	50 GLENBROOK ROAD			1.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	STAMFORD CT 06902			1.4 CITY-ST-ZIP	18TH FLOOR		
					NEW YORK, NY 10036		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	DAVID LUSKI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUSKI, DAVID			2.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	194 MOREHOUSE ROAD			2.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	EASTON CT 06612			2.4 CITY-ST-ZIP	18TH FLOOR		
					NEW YORK, NY 10036		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	BRIAN T. SUMMERS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUMMERS, BRIAN T			3.2 NAME	C/O DRA ADVISORS, INC.		
STREET ADDRESS	132 SPRING VALLEY RD			3.3 STREET ADDRESS	1180 AVENUE OF THE AMERICAS,		
CITY-ST-ZIP	PARK RIDGE NJ			3.4 CITY-ST-ZIP	18TH FLOOR		
					NEW YORK, NY 10036		
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 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: FRANCIS X. TANSEY 7/19/99 212 764-3210

CR2E034 (5/99)