

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000004191 (3)
 1. Corporation Name
BRICKELL EQUITIES CORPORATION LIMITED



Principal Place of Business 1221 BRICKELL AVE SUITE 1870 MIAMI FL 33131 US	Mailing Address 1221 BRICKELL AVE SUITE 1870 MIAMI FL 33131-3260 US
--	---

3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0435267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**HERNANDEZ, GLORIA
 1221 BRICKELL AVE
 SUITE 1870
 MIAMI FL 33131-3258**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUALDI, GIUSEPPINA	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	
CITY - ST - ZIP	NASSAU, BAHAMAS	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	ZANETTI, LUIGI	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	
CITY - ST - ZIP	NASSAU, BAHAMAS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GTC MANAGEMENT LTD.	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	
CITY - ST - ZIP	NASSAU, BAHAMAS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSENBLOOM, ALLAN M	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 29TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10112	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AMOS KAMINSKI	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 1870	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHERRY FRANKEL	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 1870	
CITY - ST - ZIP	MIAMI FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: *Sherry Frankel* SHERRY FRANKEL 4/30/97 (305) 536-1221 212 223 0500
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)