

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90131 013 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000004191**

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  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. **SUITE 1610**  
 22 City & State  
 23 Zip Country  
 24 25 26 27 28 29 30

3. Date Incorporated or Qualified  
**09/15/1993**

4. FEI Number  
**65-0435267**

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 owes the current year Personal Property Tax.  Yes  No

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 **SUITE 1610**  
 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUALDI, GIUSEPPINA	1.2 NAME	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANETTI, LUIGI	2.2 NAME	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GTC MANAGEMENT LTD.	3.2 NAME	
STREET ADDRESS	IBM HOUSE, 4TH FLOOR, EAST BAY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLUM, ALLAN M	4.2 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 29TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10112	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS KAMINSKI	5.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 1870	5.3 STREET ADDRESS	<b>SUITE 1610</b>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<b>33131</b>
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY FRANKEL	6.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE., SUITE 1870	6.3 STREET ADDRESS	<b>SUITE 1610</b>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<b>33131</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power of attorney.

SIGNATURE: Sherry Frankel Katherine Harris 4/23/99 212 223 0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)