

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

FILED
May 09 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 # F94000002065 (0)

1. Corporation Name

BRICKELL SQUARE CORPORATION LIMITED, INC.

Principal Place of Business

801 BRICKELL AVE
STE 870
MIAMI FL 33131
US

Mailing Address

801 BRICKELL AVE
STE 870
MIAMI FL 33131-2900
US

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0481941

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CONTRERAS, MARIA
801 BRICKELL AVENUE
MANAGEMENT OFFICE SUITE 870
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME GIUSEPPINA, LUALDI
STREET ADDRESS VIA ADAMINI 10A
CITY-ST-ZIP CH-6901, LUGANO SWITZERLAND

TITLE VD ☐ DELETE
NAME LUIGI, ZANETTI
STREET ADDRESS 801 BRICKELL AVE SUITE 1808
CITY-ST-ZIP CH-6901, LUGANO SWITZERLAND

TITLE P ☐ DELETE
NAME AMOS, KAMINSKI
STREET ADDRESS 1001 SOUTH BAYSHORE DRIVE, STE 1714
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME FRANKEL, SHERRY
STREET ADDRESS 801 BRICKELL AVE SUITE 1808
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME ROSENBLUM, ALLAN M
STREET ADDRESS 30 ROCKEFELLER PLAZA, 29TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/97

(305) 536-2850
212 223 0500

CR2E034 (9/96)