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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/20/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

**#210**

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

**#210**

26

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

**CONTRERAS, MARIA  
801 BRICKELL AVENUE  
MANAGEMENT OFFICE SUITE 870-210  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **#210**

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

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

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:

*Sherry Frankel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sherry Frankel 4/23/98 (305) 536-2850*  
Date Daytime Phone #

0176321

CR2E034 (10/97)