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

04-27-1999 90130 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F94000002065**

1. Corporation Name  
**BRICKELL SQUARE CORPORATION LIMITED, INC.**



Principal Place of Business  
 801 BRICKELL AVE  
 STE 210  
 MIAMI FL 33131  
 US

Mailing Address  
 801 BRICKELL AVE  
 STE 210  
 MIAMI FL 33131  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/20/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 65-0481941

Applied For  
 Yes  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83 SUITE 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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 801 BRICKELL AVE, SUITE 210  
 3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS SUITE 210  
 4.4 CITY-ST-ZIP

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 119.073(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 all other like empowered.

SIGNATURE:

*Sherry Frankel* SHERRY FRANKEL 4/23/99 212 223 0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)