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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
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip Country

28 Zip Country

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 DELETE
 NAME **VD 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 DELETE
 NAME **VD 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 DELETE
 NAME **P 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 DELETE
 NAME **S 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 DELETE
 NAME **V 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)