FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G17944** **(1)**

1. Corporation Name
BRICKO, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR #206 MIAMI FL 33131-9608	501 BRICKELL KEY DR #206 MIAMI FL 33131-9608

3. Date Incorporated or Qualified: **01/07/1983**
3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-2251653** ☐ 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	2a. Mailing Address
21 Street Address: 9100 S. Dadeland Boulevard	26 Street Address: 9100 S. Dadeland Boulevard
22 Suite, Apt. #, etc.: Suite 1707	27 Suite, Apt. #, etc.: Suite 1707
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33156-7819 25 Country: U.S.A.	29 Zip: 33156-7819 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

LEWIS, WILLIAM C., JR.
501 BRICKELL KEY DR #206
MIAMI FL 33131-9608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Boulevard
83 Suite 1707
84 City: Miami **FL** 85 Zip Code: 33156-7819

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 of New Registered Agent, if changing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, MANUEL ANTONIO	1.2 NAME	
STREET ADDRESS	16051 BLATT BLVD #301	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY, ST, ZIP	
2 TYPE	VST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, BEATRIZ DE.	2.2 NAME	
STREET ADDRESS	16051 BLATT BLVD #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY, ST, ZIP	
3 TYPE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY, ST, ZIP	
4 TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY, ST, ZIP	
5 TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY, ST, ZIP	
6 TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an asterisk.

SIGNATURE: _____ 11/19/96 (305)670-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MANUEL ANTONIO SUAREZ, PRESIDENT