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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G79874

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90042 029 ***150.00

BRICKELL EMPORIUM, INC.							
Bringing Blace	of Business	Mailing Address			-\	H GIGH BIGH BIGH GI	
Principal Place of Business Mailing Address 1100 BRICKELL PLAZA MIAMI FL 33131 MIAMI FL 33131 Mailing Address 1100 BRICKELL PLAZA MIAMI FL 33131					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/23/1984	······································	
2. Principal Place of Business 2a, Mailing Address					4. FEI Number		Applicable -
26 Suite, Apt. #, ētc. Suite, Apt. #, ētc.			-		59-2364472	\$8.75 Ac	
22 27					5. Certifcate of Status Desired	Fee Req	
City & State City & State					6. Election Campaign Financing	\$5.00 A	
28					Trust Fund Contribution	Added to	Fees
Zip Country Zip			Count	rry	8. This corporation owes the current year		⊒No
24	25		30		Personal Property Tax. 10. Name and Address of New Registers		
_	9. Name and Address of Current	Kegistereu Agent	1	Name	10. Haile and Addition of How Hogiston		
ABRA	AMS, MORTON		L		(T.O. D	 .	<u> </u>
20931 PACIFICO TERRACE			١	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33433			ε	13	v		
		•	- }	24 65.	<u> </u>	. 85 Zip C	ode
			İ	34 City		• L ·	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute: f Florida. Such change was au ons of, Section 607.0505, Flori	s, the about thorized to ida Statut	ove-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its r pointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered A	gent signature required	when reinstating) DATE		— [s
12.	, OFFICERS AND		13.	3-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD DELETE 1.		1.1 TITL	E		☐ Change	Addition 3
NAME	MAZER, JULES			_		☐ Criainge	□ voggon ₹
			1.2 NAM	E		Change	
O : I WEET I AUDITED	1627 BRICKELL AVE. #2104			E EET ADDRESS		Change	700,0001
CITY-ST-ZIP			1.3 STR			: :	7,700
	1627 BRICKELL AVE. #2104	☐ DELETE	1.3 STR	EET ADDRESS '-ST-ZIP		Change	Addition
CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE	□ DELETÉ	1.3 STR/ 1.4 C/TY 2.1 TITL/ 2.2 NAM	EET ADDRESS -ST-ZIP E	·,	: :	7,700
CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	□ DELETE	1.3 STR 1.4 CFTY 2.1 TITU 2.2 NAM -2.3 STR	EET ADDRESS '-ST-ZIP E E E E E E E E E E E E E	· · · · · · · · · · · · · · · · · · ·	: :	7,700
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE		1.3 STR 1.4 CFTY 2.1 TITL 2.2 NAM -2.3 STR 2.4 CIT	EET ADDRESS '-ST-ZIP E E EET ADDRESS Y-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	☐ DELETÉ	1.3 STR 1.4 City 2.1 Titu 2.2 NAM -2.3 STR 2.4 Cit 3.1 Titu	EET ADDRESSST-ZIP E E EET ADDRESS Y-ST-ZIP E		: :	7,700
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104		1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM	EET ADDRESSST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS	No.	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104		1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI	EET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104		1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI	EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	DELETE	1.3 STR 1.4 GTY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL	EET ADDRESS - ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	EET ADDRESS - ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	DELETE	1.3 STR 1.4 GTY 2.1 TITL 2.2 NAM -2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS AE EET ADDRESS -ST-ZIP E E E-T ADDRESS -ST-ZIP	*** - · · · · · · · · · · · · · · · · ·	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	☐ DELETE	1.3 STR 1.4 GTY 2.1 TITL 2.2 NAM -2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.2 NAM 4.3 STR 4.4 CITY	EET ADDRESS - ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS - ST-ZIP E	Acc 10 1	Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	☐ DELETE	1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR: 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR: 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR: 5.3 STR: 5.3 STR: 5.3 STR: 5.3 STR: 5.3 STR: 5.4 CITY 5.5 STR: 5.6 STR: 5.7 STR:	EET ADDRESS - ST-ZIP E E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS EET ADDRESS - ST-ZIP E EET ADDRESS	And =	Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL AVE #2104 MIAMI FL	DELETE	1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR: 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR: 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR: 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STR: 5.4 CITY	EET ADDRESS - ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS		Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL-AVE #2104	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.1 TITL 6.1 TITL 6.1 TITL 6.1 TITL 6.1 TITL	EET ADDRESS - ST-ZIP E E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1627 BRICKELL AVE. #2104 MIAMI FL STD MAZER, FLORENCE 1627 BRICKELL AVE #2104 MIAMI FL	DELETE	1.3 STR 1.4 GTY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	EET ADDRESS - ST-ZIP E E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS		Change	Addition Addition Addition

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: