

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G97817** (2)

1. Corporation Name

BRICKELL MALL, INC.

Principal Place of Business

% **BILL G. DAVIS**
1000 BRICKELL AVE., #1200
MIAMI FL 33131

Mailing Address

% **BILL G. DAVIS**
1000 BRICKELL AVE., #1200
MIAMI FL 33131



2. Principal Place of Business

21 Sate, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Sate, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
04/05/1984

3a. Date of Last Report
02/03/1995

4. FEI Number

65-0048962

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

9. Name and Address of Current Registered Agent

DAVIS, BILL G.
1000 BRICKELL AVE., #300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

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 of the person or persons of registered agent and the fee is applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE
NAME
1.2 STREET ADDRESS
1.3 CITY - ST - ZIP

2.1 TITLE
NAME
2.2 STREET ADDRESS
2.3 CITY - ST - ZIP

3.1 TITLE
NAME
3.2 STREET ADDRESS
3.3 CITY - ST - ZIP

4.1 TITLE
NAME
4.2 STREET ADDRESS
4.3 CITY - ST - ZIP

5.1 TITLE
NAME
5.2 STREET ADDRESS
5.3 CITY - ST - ZIP

6.1 TITLE
NAME
6.2 STREET ADDRESS
6.3 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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:

Bill Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-96 (345) 358-1000

CR2E034 (12/95)