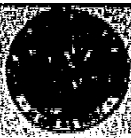


**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H76217 (9)

1. Corporation Name

**BRICKS MANAGEMENT AND REAL ESTATE DEVELOPMENT, I
NC.**

Principal Place of Business

1200 QUAIL ST. #240
NEWPORT BEACH CA 92660

Mailing Address

1200 QUAIL ST. #240
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1985

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2592964

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

21 3705 Champagne Drive

2a. Mailing Address

26 P.O. Box 955

Suite, Apt. #, etc.

22 # 105

Suite, Apt. #, etc.

27 ABU DHABI

City & State

23 Tampa, Florida

City & State

28 ABU DHABI - UAE

Zip

24 33618

Country

25 U.S.A.

Zip

29

Country

30 U.A.E.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name SAHAR EL HAGE/NABIL KARMI
82 Street Address (P.O. Box Number is Not Acceptable)
3705 CHAMPAGNE DRIVE
83 # 105
84 City TAMPA FL 85 Zip Code 33618

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

Nabil Karmi

NABIL KARMI

06/28/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	BISSAR, SALEH
STREET ADDRESS	1200 QUAIL ST. #240
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	P
NAME	HAGE, SAMIR EL
STREET ADDRESS	1200 QUAIL ST. #240
CITY - ST - ZIP	NEWPORT BEACH CA 92660
TITLE	VS
NAME	KARMI, NABIL
STREET ADDRESS	10370 CARROLLWOOD LANE, #238
CITY - ST - ZIP	TAMPA FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	TREASURER	☒ Change ☐ Addition
1.2 NAME	BISSAR, SALEH	
1.3 STREET ADDRESS	3705 Champagne Dr. # 105	
1.4 CITY - ST - ZIP	Tampa, Florida 33618	
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	HAGE, SAMIR EL	
2.3 STREET ADDRESS	3705 Champagne Drive, # 105	
2.4 CITY - ST - ZIP	Tampa, Florida 33618	
3.1 TITLE	VS	☒ Change ☐ Addition
3.2 NAME	KARMI, NABIL	
3.3 STREET ADDRESS	3705 Champagne Drive, # 105	
3.4 CITY - ST - ZIP	Tampa, Florida 33618	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

Nabil Karmi

NABIL KARMI

06/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Name #