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 # **L71999** **(1)**

1. Corporation Name

BRICKWORKS INC.

Principal Place of Business

C/O PHYLLIS BAUMANN
~~9445 OLD CUTLER LANE~~
CORAL GABLES FL ~~33134~~

Mailing Address

C/O PHYLLIS BAUMANN
~~9445 OLD CUTLER LANE~~
CORAL GABLES FL ~~33134~~

2. Principal Place of Business

21 540 BRICKELL KEY DR
22 MIAMI FLORIDA
23
24 33131 (Zip) 25 (Country)

2a. Mailing Address

26 540 BRICKELL KEY DR
27 MIAMI
28 FLORIDA
29 33131 (Zip) 30 (Country)

3. Date Incorporated or Qualified: 05/08/1990

3a. Date of Last Report: 03/22/1995

4. FEI Number: 65-0193762 — 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

BAUMANN, MICHAEL
540 BRICKELL KEY DRIVE
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 Section 607.0502 and F.A.C. 15-6.003, 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. I hereby certify that the corporation's Board of Directors has authorized the following statement to be submitted. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BAUMANN, PHYLLIS	
STREET ADDRESS	9445 OLD CUTLER LANE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	☐ DELETE
NAME	~~BUCKIRK, RICHARD VAN~~	
STREET ADDRESS	~~540 BRICKELL KEY DR.~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☑ Change ☐ Addition
1a. NAME	P. BAUMANN	
1b. STREET ADDRESS	540 BRICKELL KEY DRIVE	
1c. CITY-ST-ZIP	MIAMI FLORIDA 33131	
2. TITLE		☐ Change ☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502(2), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 to the report.

SIGNATURE: Phyllis Baumann — 3/25/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date