

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M31447 (9)
1. Corporation Name
BRIGHTON DEVELOPMENT CO.

Principal Place of Business 815 N. RED ROAD 400 MIAMI FL 33126 US	Mailing Address 815 N. RED ROAD 400 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7200 NW 7th ST, Suite, Apt. #, etc. 22 3rd FLOOR City & State 23 MIAMI, FL Zip 24 33126 Country 25	2a. Mailing Address 26 7200 NW 7th ST. Suite, Apt. #, etc. 27 3rd FLOOR City & State 28 MIAMI, FL Zip 29 33126 Country 30	3. Date Incorporated or Qualified 05/02/1986 4. FEI Number 65-0015046 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GONZALEZ, LOUIS O. 815 N. RED ROAD SUITE 400 MIAMI FL 33126	10. Name and Address of New Registered Agent 81 Name LOUIS O. GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 7200 NW 7th ST. 83 3rd FLOOR 84 City MIAMI 85 Zip Code FL 33126
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GONZALEZ, LOUIS O. 815 N. RED ROAD SUITE 400 MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PD LOUIS O. GONZALEZ 7200 NW 7th ST. MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JAHARIS, MICHAEL JR. 1925 BRICKELL AVE. #D908 MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SMITH, DONALD S 815 N. RED ROAD, SUITE 400 MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VT DONALD S. SMITH 7200 NW 7th ST. MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SMITH, LESLIE 815 N. RED ROAD, SUITE 400 MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP VS LESLIE SMITH 7200 NW 7th ST. MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP RAMOS, LISA 815 N. RED ROAD, SUITE 400 MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP V LISA RAMOS 7200 NW 7th ST. MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP NUNEZ, LISETTE 815 N. RED ROAD, SUITE 400 MIAMI FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  2/18/98

CR2E034 (10/97)