


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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M31447			
1. Corporation Name BRIGHTON DEVELOPMENT CO.			
Principal Place of Business 7200 NW 7TH ST 3RD FLOOR MIAMI FL 33126 US		Mailing Address 7200 NW 7TH ST 3RD FLOOR MIAMI FL 33126 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent GONZALEZ, LOUIS O. 7200 NW 7TH ST 3RD FLOOR MIAMI FL 33126			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	GONZALEZ, LOUIS O.		
STREET ADDRESS	7200 NW 7TH ST		
CITY-STATE-ZIP	MIAMI FL 33126		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	JAHARIS, MICHAEL JR.		
STREET ADDRESS	1925 BRICKELL AVE. #D908		
CITY-STATE-ZIP	MIAMI FL		
TITLE	VT	<input type="checkbox"/> DELETE	
NAME	SMITH, DONALD S		
STREET ADDRESS	7200 NW 7TH ST		
CITY-STATE-ZIP	MIAMI FL 33126		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	SMITH, LESLIE		
STREET ADDRESS	7200 NW 7TH ST		
CITY-STATE-ZIP	MIAMI FL 33126		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	RAMOS, LISA		
STREET ADDRESS	7200 NW 7TH ST		
CITY-STATE-ZIP	MIAMI FL 33126		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 a different like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)