FILED

Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90016 003 ***450.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P16152

BRICKELL DELAWARE, INC.

255 SHORELINE DR STE 600 REDWOOD CITY CA 94065		255 SHORELINE DR. STE 600 REDWOOD CITY CA 94065			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	SI AGE
					09/29/1987	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					94-3050149	Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required	
City & State		City & State	11-07-71-1		6. Election Campaign Financing	\$5.00 May Be
23		8			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the current year	
24	25	29	30			Yes No
	9. Name and Address of Current	<u> </u>	11		10. Name and Address of New Registered	Agent
				81 Name		
CT CORPORATION SYSTEM				00 0	Address (D.O. Day Aliyahar in Not Accontable)	
1200 S. PINE ISLAND ROAD				82 Street A	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				83		
				84 City	FL	85 Zip Code
11. Durwant to the provisions of postions 607 0502 and 607 1508. Florida Statutes, the above pared 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	Signature, typed or printed name of registered agent a	nd title if applicable. (No	OTE: Regist	tered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	π	DELETE	1.1 T	TITLE	DIRECTOR! SUP	Unange Addition
NAME	CARP, MICHAEL		1.2 N	IAME	TIA S. MITAMOTO	
STREET ADDRESS	255 SHORELINE DR., STE 600		1.3 S	TREET ADDRESS	255 SHORELINE DRIVE, SHITE 6)CD
CiTY-ST-ZIP	REDWOOD CITY CA 94065		1.4 0	ITY-ST-ZIP	RZDWOOD CITY CA GUOLES	
TITLE	DP	DELETE	2.1 T	TITLE		Change Addition
NAME	TCHEAU, GUY		2.2 N	IAME		
STREET ADDRESS	255 SHORELINE DR., STE 600		2.3 S	TREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY CA 94065		2.4 0	CITY-ST-ZIP		
TITLE	DV	DELETE	3.1 T			Change Addition
NAME	CHILD, S. BRADFORD		3.2 N	IAME		
STREET ADDRESS	255 SHORELINE DR., STE 600			TREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY CA 94065			CITY-ST-ZIP		
TITLE	\$/5√P	DELETE	4.1 T			Change Addition
NAME	PATEL, REKHA			IAME		
	255 SHORELINE DR., STE 600			TREET ADDRESS		
STREET ADDRESS	REDWOOD CITY CA 94065			Į		
CITY-ST-ZIP				CITY-ST-ZIP		Change Addition
TITLE	DAP-SVT	DELETE		i		Li Change Li Audition
NAME	GREGORY JOHNSON			AME		
STREET ADDRESS	255 SHORELINE DR., STE 600			STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY CA 94065			CITY-ST-ZIP		
TITLE	D/VP-SVP	DELETE		TITLE		Change Addition
NAME	SCOTT PETERSON		6.2 N	VAME		

REDWOOD CITY CA 94065 6.4 CITY-ST-ZIP CITY-ST-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 emplowered 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.

6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

255 SHORELINE DR., STE 600