FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000938 (9)

1. Corporation Name
BRICKELL ONE CORPORATION

Principal Place of Business	Mailing Address
520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131	520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0378709 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) (29) County (25) (30)
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 305
*MIAMI FL FL

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 607.1506, 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 _____
Signature, typed or printed name of registered agent and title if applicable — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE	D	☐ Change ☐ Addition
NAME	AURIEMO, FABIO	
STREET ADDRESS	520 BRICKELL KEY DR #305	500001482295
CITY-ST-ZIP	MIAMI FL 33131	-05/10/95--01027--005
TITLE	D	****200.00 ☐ Change ☐ Addition
NAME	AURIEMO, JOSE R	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	☐ Change ☐ Addition
NAME	FERRAZ, EDUARDO	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		TJS 5/9/95

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall satisfy the requirements of Section 607.0120, Florida Statutes. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: _____ 04-26-95 (305) 374-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(EDUARDO FERRAZ - V. PRES.)

0130100 CP