

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
JENNIFER M. MAXSON
Secretary of State
Tallahassee, Florida 32399-0001

AND
FILED
97 MAY -1 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074074 (4)

BRICKSEA CORP.

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation 10/26/1993		3a. Date of Last Filing 08/22/1994	
2. Filing Agent's Name 21. Filing Agent's Name 22. Filing Agent's Address 23. Filing Agent's City and State 24. Filing Agent's Zip		4. Filing Agent's License Number 65-0450592	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Total Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for interstate tax under S. 192(2)? Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OJEDA, ALAN
848 BRICKELL AVE
SUITE 1010
MIAMI FL 33131

81. Name	
82. Street Address, P.O. Box Number is Not Acceptable	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of the Florida Statutes, the above named corporate officers hereby declare and certify that the information furnished in this report is true and correct and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

12. I, the undersigned, do hereby certify that the information furnished in this report is true and correct and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ALTERNATE REGISTRARS
1. NAME BARRERAS BARRERAS, JOSE A GENERAL PARDINAS 92 28006 MADRID SPAIN	1. NAME 2. CITY AND STATE 3. ZIP CODE 4. PHONE NUMBER 5. FAX NUMBER 6. E-MAIL ADDRESS 7. SIGNATURE 8. DATE
	9. NAME 10. CITY AND STATE 11. ZIP CODE 12. PHONE NUMBER 13. FAX NUMBER 14. E-MAIL ADDRESS 15. SIGNATURE 16. DATE
	17. NAME 18. CITY AND STATE 19. ZIP CODE 20. PHONE NUMBER 21. FAX NUMBER 22. E-MAIL ADDRESS 23. SIGNATURE 24. DATE
	25. NAME 26. CITY AND STATE 27. ZIP CODE 28. PHONE NUMBER 29. FAX NUMBER 30. E-MAIL ADDRESS 31. SIGNATURE 32. DATE
	33. NAME 34. CITY AND STATE 35. ZIP CODE 36. PHONE NUMBER 37. FAX NUMBER 38. E-MAIL ADDRESS 39. SIGNATURE 40. DATE
	41. NAME 42. CITY AND STATE 43. ZIP CODE 44. PHONE NUMBER 45. FAX NUMBER 46. E-MAIL ADDRESS 47. SIGNATURE 48. DATE
	49. NAME 50. CITY AND STATE 51. ZIP CODE 52. PHONE NUMBER 53. FAX NUMBER 54. E-MAIL ADDRESS 55. SIGNATURE 56. DATE
	57. NAME 58. CITY AND STATE 59. ZIP CODE 60. PHONE NUMBER 61. FAX NUMBER 62. E-MAIL ADDRESS 63. SIGNATURE 64. DATE
	65. NAME 66. CITY AND STATE 67. ZIP CODE 68. PHONE NUMBER 69. FAX NUMBER 70. E-MAIL ADDRESS 71. SIGNATURE 72. DATE
	73. NAME 74. CITY AND STATE 75. ZIP CODE 76. PHONE NUMBER 77. FAX NUMBER 78. E-MAIL ADDRESS 79. SIGNATURE 80. DATE
	81. NAME 82. CITY AND STATE 83. ZIP CODE 84. PHONE NUMBER 85. FAX NUMBER 86. E-MAIL ADDRESS 87. SIGNATURE 88. DATE
	89. NAME 90. CITY AND STATE 91. ZIP CODE 92. PHONE NUMBER 93. FAX NUMBER 94. E-MAIL ADDRESS 95. SIGNATURE 96. DATE
	97. NAME 98. CITY AND STATE 99. ZIP CODE 100. PHONE NUMBER 101. FAX NUMBER 102. E-MAIL ADDRESS 103. SIGNATURE 104. DATE

14. I, the undersigned, do hereby certify that the information furnished in this report is true and correct and that the appointment of the registered agent is in accordance with the provisions of the Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR