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 APR 18 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075456 (2)**

1. Corporation Name

BRICKELL BRISTOL CORP.

Principal Place of Business	Mailing Address
1865 BRICKELL AVENUE **BLDG A. OFFICE SUITE 209** **MIAMI FL 33129**	**1865 BRICKELL AVENUE** **BLDG A. OFFICE SUITE 209** **MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/26/1993**
3a. Date of Last Report: **05/19/1994**

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): County (25): Zip (29): County (30)

4. FEI Number: **65-0445890** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHELDON EVANS, P.A.
1865 BRICKELL AVENUE
BLDG. A, SUITE 209
MIAMI FL 33129

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: (signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	PD ☒ Change ☐ Addition
NAME	**CARRION P., JOSE V**	12 NAME	Carrion P., Jose V
STREET ADDRESS	**1865 BRICKELL AVE, UNIT A-1611**	13 STREET ADDRESS	2127 Brickell Ave.
CITY-ST-ZIP	**MIAMI FL 33129**	14 CITY-ST-ZIP	Unit 1603, Miami, Fl 33129
TITLE	**V**	21 TITLE	V ☒ Change ☐ Addition
NAME	**CARRION Y., JOSE F**	22 NAME	Carrion Y., Jose F.
STREET ADDRESS	**C/O 1865 BRICKELL AVE, UNIT A-1611**	23 STREET ADDRESS	2127 Brickell Ave.,Unit 1603
CITY-ST-ZIP	**MIAMI FL 33129**	24 CITY-ST-ZIP	Miami, Fl 33129
TITLE	**S**	31 TITLE	S ☒ Change ☐ Addition
NAME	**CARRION Y., CARLOS E**	32 NAME	Carrion Y., CArlos E
STREET ADDRESS	**C/O 1865 BRICKELL AVE, UNIT A-1611**	33 STREET ADDRESS	2127 Brickell Ave., Unit 1603
CITY-ST-ZIP	**MIAMI FL 33129**	34 CITY-ST-ZIP	Miami, Fl 33129
TITLE	**T**	41 TITLE	T ☒ Change ☐ Addition
NAME	**CARRION Y., ANDRES E**	42 NAME	Carrion Y., Andres E
STREET ADDRESS	**C/O 1865 BRICKELL AVE, UNIT A-1611**	43 STREET ADDRESS	2127 Brickell Ave., Unit 1603
CITY-ST-ZIP	**MIAMI FL 33129**	44 CITY-ST-ZIP	Miami, Fl 33129
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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 above, or on an attachment with an address.

SIGNATURE: JOSE V. CARRION, PRESIDENT 4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126206 CP