


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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000075456 (2)**

1. Corporation Name

BRICKELL BRISTOL CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SHELDON EVANS. P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014	Mailing Address C/O SHELDON EVANS. P.A. 6175 N.W. 153RD STREET, SUITE 215 MIAMI LAKES FL 33014
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0445890		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHELDON, P.A., SHELDON 6175 N.W. 153RD STREET SUITE 215 MIAMI LAKES FL 33014		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION P., JOSE V		
STREET ADDRESS	6175 NW 153RD ST., STE. 215		
CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	V	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION Y., JOSE F		
STREET ADDRESS	6175 NW 153RD ST., STE. 215		
CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	S	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION Y., CARLOS E		
STREET ADDRESS	6175 NW 153RD ST., STE. 215		
CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	T	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION Y., ANDRES E		
STREET ADDRESS	6175 NW 153RD ST., STE. 215		
CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 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.

SIGNATURE:



PRESIDENT

4/22/98

305 557 6060

CR2E034 (10/97)