

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 047 ***150.00

DOCUMENT # P93000075456

1. Corporation Name

BRICKELL BRISTOL CORP.



Principal Place of Business

Mailing Address

C/O SHELDON EVANS, P.A.
6175 N.W. 153RD STREET, SUITE 215
MIAMI LAKES FL 33014

C/O SHELDON EVANS, P.A.
6175 N.W. 153RD STREET, SUITE 215
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1993

2. Principal Place of Business

2a. Mailing Address

21 c/o Sheldon Evans, P.A.

26 c/o Sheldon Evans, P.A.

4. FEI Number

65-0445890

Applied For

Not Applicable

22 Suite, Apt. #, etc. 6175 N.W. 153
Suite #312

27 Suite, Apt. #, etc. 6175 N.W. 153
Suite # 312

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33014

25 USA

29 33014

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ 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

Sheldon, P.A., Sheldon

82 Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd Street

83

Suite 312

84 City

Miami Lakes

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0501 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 ☐ DELETE
NAME CARRION P., JOSE V
STREET ADDRESS 6175 NW 153RD ST., STE. 215
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Carrion P., Jose V
1.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE V ☐ DELETE
NAME CARRION Y., JOSE F
STREET ADDRESS 6175 NW 153RD ST., STE. 215
CITY-ST-ZIP MIAMI LAKES FL 33014

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Carrion Y., Jose F
2.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
2.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE S ☐ DELETE
NAME CARRION Y., CARLOS E
STREET ADDRESS 6175 NW 153RD ST., STE. 215
CITY-ST-ZIP MIAMI LAKES FL 33014

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Carrion Y., Carlos E
3.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
3.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE T ☐ DELETE
NAME CARRION Y., ANDRES E
STREET ADDRESS 6175 NW 153RD ST., STE. 215
CITY-ST-ZIP MIAMI LAKES FL 33014

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Carrion Y., Andres E
4.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312
4.4 CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE V. CARRION, PRESIDENT

4/2/99

Date

Daytime Phone #

CR2E034 (11/98)

0130747