

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000078069 (0)

1. Corporation Name

BRICKELL TRADING CORP.

Principal Place of Business

**9741 NW 7TH CIR
SUITE 5-26
PLANTATION FL 33324**

Mailing Address

**9741 NW 7TH CIR
SUITE 5-26
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0448449

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

2. Principal Place of Business

21 1441 N.W. 126 WAY

Suite, Apt. #, etc.

2a. Mailing Address

26 1441 N.W. 126 WAY

Suite, Apt. #, etc.

City & State

23 SUNRISE FLORIDA

Zip

24 33323

Country

25 USA

City & State

27 SUNRISE FLORIDA

Zip

29 33323

Country

30 USA

9. Name and Address of Current Registered Agent

**DE SA, CLAUDIO P
444 BRICKELL AVE
SUITE 300
MIAMI FL 33131**

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 title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
SEQUEIRA, CLAUDINEI
STREET ADDRESS
9741 NW 7TH CIR #5-26
CITY - ST - ZIP
PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
D/P/S ☒ Change ☐ Addition
1.2 NAME
SEQUEIRA CLAUDINEI
1.3 STREET ADDRESS
1441 N.W. 126 WAY
1.4 CITY - ST - ZIP
SUNRISE FLORIDA 33323

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDINEI SEQUEIRA

3/2/94
DATE

305-685-5948
Telephone Number