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FILED  
Apr 27 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 # P93000078069 (0)

1. Corporation Name  
BRICKELL TRADING CORP.

Principal Place of Business

8751 W. BROWARD BLVD.  
#404  
PLANTATION FL 33324  
US

Mailing Address

8751 W. BROWARD BLVD.  
#404  
PLANTATION FL 33324  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1993

4. FEI Number

65-0448449

Applied For

Not Applicable

2. Principal Place of Business

21 8411 W. Oakland Park Blvd. 8411 W. Oakland Park Blvd.

Suite, Apt. #, etc.

22 200

City & State

23 Fort Lauderdale, FL

Zip

24 33351

Country

25 U.S.

26. Mailing Address

27 8411 W. Oakland Park Blvd. 8411 W. Oakland Park Blvd.

Suite, Apt. #, etc.

27 200

City & State

28 Fort Lauderdale

Zip

29 33351

Country

30 U.S.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYANT, BERNARD  
8751 W. BROWARD BLVD  
#404  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83 8411 W. Oakland Park Blvd

84 200

85 City

Fort Lauderdale

FL

86 Zip Code

33351

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

4/10/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
SEQUEIRA CLAUDINEI  
1441 N.W. 126 WAY  
CITY-ST-ZIP  
SUNRISE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Signature of registered agent

4/12/98

CR2E034 (10/97)