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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secreta y of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90141 035 ***150.00

DOCUMENT # P93000078069 (0)

1. Corporat on Name

BRICKELL TRADING CORPORATION

Principal Place of Business Mailing Address											
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SUNRISE ,FL 33351					DO NOT WRITE IN THIS SPACE 3. Date In proporated or Qualified						
						•	or Qualifed 10/1993	!			
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number	10/1770	·	1	lann	l ed For
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Suite, Apt. #, etc.		Suite Apt. #, etc.			חאיזם	83.75 Additional					
22 Suite, Apr. #, etc.		27 SUITE 200				5. Certificate of Status Desired Fee Required					
City & State		City & State				6. Electior Campaign Financing 55,00 Vay Be					/av Re
23		28 SUNRISE FL.				Trust Fund Contri	_		•	ided to	•
Zip	Count y	Zip	Count	try		8. This corporation of		ent year la			-
24	25	29 33351	30 U	S		Personal Property		- 1	☐Ye]No
,	9. Name and Addrass of Current			٠,		10. Name and Addre		Registered	Agent		
			8	B1 N	Name DDV	ANT DEDNIADD					
BRYA	NT, BERNARD			32 5		ANT, BERNARD s (P.O. Box Number is		hla)			
8/11	W.OAKLAND PARK BLVD	cም₽# 200	"	32		N.W. 119th			205		
04 T T	W. UAKLAND PAKK DLVD	SIE# ZUU	8	33	<u>~</u> :-		0111111	<u> </u>			
SUNE	ISE FL, 33351			1					775		
	-		8	34 (City Mark An	ATT.		FL		Zip Cd 3316	
11. Pursuar t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	J ove-n	M.[All amed corpora	ation submits this state	ment for the	purpose c	changi	ng its re	egistered
office or r	registered agent, or both, in the State of	Florida. Such change was a	uthorized t	ny the	e corporation	s board of directors. I I	nereby accep	t the appo	intment	as regi	s tered
	im familiar with land accept the phlinatic	ine of Saction 607 0505. Flo	ida Statuti		•						
Ū	am familiar with, and accept the obligation	ns of, Section 607.0505, Flo	ida Statute		•						
agent. I a	am familiar with, and accept the obligation			es.	gnature required w	hen reinstating)		DATE			
Ū		and title if applicable (NOTE		es.	·	hen reinstating) ADDITIONS/CHAN	GES TO OF		ND DIRI	ECTOR	R3 IN 12
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14. I hereby certify that the information supplied with his filling 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 suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation of 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 chapted, or on an appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED SELF INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)