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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000025114 (7) **DOCUMENT #**

ASTOR BRICKELL CORP.



3. Date Incorporated or Qualified 3a. Date of Last Report

rincipal Place of Business	Mailing Address
400 SOUTH POINTE DR.	400 SOUTH POINTE DR.
\$1502	#1502
MIAMI FL 33139	MIAMI FL 33139

						03/31/1994	05	/16/1995
2.	Principal Place of Business	2a	, Mailing Address			4. FEI Number		Applied For
<u>-</u>		26	-			65-0480423		Not Applicable
<u> </u>	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
3	City & State	28	Oty & State	-		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
4	Zip Coun		Zip	Country		8. This corporation has liability for Florida Statutes Yes	intangible tax No	cunder's 199.032,
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CORPORATION INFORMATION SERVICES INC.			81 82	Name Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
1201 HAYS ST. TALLAHASSEE FL 32301		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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature typed or protect name of registered agreed and their diggle accident. Will be Expedicional Agreet agreetives required when recording to DATE.						
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 TITLE	Change Addition		
NAME	MASRI, KARIM		1.2 NAME			
STREET ADDRESS	400 S. POINTE DR., #1502		1.3 STREET ADDRESS			
CITY+ST-ZIP	MIAMI FL 33139		14 CITY - ST - ZIP			
TITLE	PST	□ DELFTE	2 1 TIFLE	Change Addition		
NAME	SAFIER, BRIAN S		2 2 NAME			
STREET ADDRESS	400 S POINTE DR. STE 1502		2.3 STREET ADDRESS			
C(1Y - ST - Z1P	MIAMI BCH FL		2 4 CITY-SF ZIP			
TITLE		□ DELETE	3 1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AUDRESS			
CITY - ST - ZIP			3.4 CITY - ST - ZIP	Change Addition		
TITLE		DELETE	4. 1 TITLE	Crange Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST ZIP			4.4 CITY - ST - ZiP	Change Addition		
TITLE		DELETE	5 1 TrillE	. Change Maddition		
NAME			5 2 NAME			
STREEL ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIF			5 4 CITY - ST - ZIF	500001773455 [] Addition		
TITLE		DELETE	6 1 TiTLE 1 1111	500001773455 -04/09/9601051022 □ Addition		
NAME			62 NAME 1	***200.00		
STREET ADDRESS			6.3 STHEET ADDRESS	The state of the special of the special state of th		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and goes not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted conflowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an action estimated.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Brien S. Sitter 04-65-96 S(-4-9-96

CR2E034 (12/95)