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95 JUN 14 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000034764
1. Corporation Name
BRICKELL DEVELOPERS, INC.

Principal Place of Business Mailing Address
6361 SUNSET DRIVE SOUTH MIAMI, FL 33143 **SAME**

300001515663
-06/16/95--01083--002
******225.00 ****225.00**
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/94** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 **6361 SUNSET DRIVE** 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **SOUTH MIAMI, FL** 28 City & State

24 **33143** 25 **US** 29 Zip 30 Country

4. FEI Number **65-0509362** 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

B. Name and Address of Current Registered Agent

ALEJANDRO NUNEZ
6361 SUNSET DRIVE
SOUTH MIAMI, FL 33143

10. Name and Address of New Registered Agent

81 Name **ALEJANDRO NUNEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
6361 SUNSET DRIVE

83

84 City **SOUTH MIAMI** 85 Zip Code **FL 33143**

11. Pursuant to the provisions of Sections 607.0903 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 submitting) (1/41)

12. OFFICERS AND DIRECTORS

TITLE **President/Treasurer**

NAME **ALEJANDRO NUNEZ**

STREET ADDRESS **6361 SUNSET DRIVE**

CITY ST ZIP **SOUTH MIAMI, FL 33143**

TITLE **Vice-President/Secretary**

NAME **PEDRO DEL RIO**

STREET ADDRESS **7455 NW 50TH STREET**

CITY ST ZIP **MIAMI, FLORIDA**

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 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 included 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, as checked, or on an attachment with an address.

SIGNATURE: _____ (Signature typed or printed name of signing officer or director)

5/19/95 **669006**
Date (Month/Day/Year) (Typed Name)