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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000034764 (8)

1. Corporation Name
BRICKELL DEVELOPERS, INC.



Principal Place of Business

**7435 N.W. 50TH STREET
MIAMI FL 33166
US**

Mailing Address

**7435 N.W. 50TH STREET
MIAMI FL 33166-5538
US**

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 **7304 N. W. 56 ST.**

Suite, Apt. #, etc.

22 **MIAMI, FL.**

City & State

23 **33166**

Zip

Country

24

2a. Mailing Address

26 **7304 N. W. 56 ST.**

Suite, Apt. #, etc.

27 **MIAMI, FL.**

City & State

28 **33166**

Zip

Country

29 **U.S.A.**

30

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

9. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO ESQ.
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143
1607 Ponce De Leon #101 Coral Gables, FL. 33143

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NUNEZ, ALEJANDRO	
STREET ADDRESS	6361 SUNSET DRIVE	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEL RIO, PEDRO	
STREET ADDRESS	7435 NW 50TH STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NUNEZ, ALEJANDRO	
1.3 STREET ADDRESS	1607 Ponce De Leon Suite 101	
1.4 CITY - ST - ZIP	Coral Gables, FL. 33143	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEL RIO, PEDRO	
2.3 STREET ADDRESS	7304 NW 56 ST.	
2.4 CITY - ST - ZIP	MIAMI, FL. 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 305)596-9602
Date Daytime Phone #

CR2E034 (9/96)