

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 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 # P 94000058933 (0)**  
1. Corporation Name  
**BRICKELL BAY INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**501 Brickell Key Dr #300 MIAMI FL 33131**      **501 Brickell Key Dr #300 MIAMI FL 33131**

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>8/10/94</b>	3a. Date of Last Report <b>3/1/96</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0533045</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Dorta, Hugo E 501 Brickell Key Dr #300 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
	<b>DORTA, HUGO E</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>501 Brickell Key Dr #300</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
	<b>MIAMI FL 33131</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

*[Handwritten Signature]*

**100002170291  
-05/08/97--01001--009  
\*\*\*165.00**

14. I, the undersigned, 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 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 on Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)