

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000071090 (2)

1. Corporation Name

BRICKWORKS OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

16155 SW 117 AVE  
SUITE B16  
MIAMI FL 33177  
US

16155 SW 117 AVE  
SUITE B16  
MIAMI FL 33177  
US

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, ROBERT D  
14825 SW 82 AVE  
MIAMI FL 33158

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

Typed, Registered Agent signature required when reinstating

Robert D Shepard

3/18/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHEPARD, ROBERT D  
STREET ADDRESS 14825 SW 82ND AVENUE  
CITY - ST - ZIP MIAMI FL

TITLE V ☐ DELETE

NAME PADRON, MIGDALIA  
STREET ADDRESS 1865 W LONGBOW BEND  
CITY - ST - ZIP DAVIE FL

TITLE S ☐ DELETE

NAME PADRON, JORGE  
STREET ADDRESS 6865 W LONGBOW BEND  
CITY - ST - ZIP DAVIE FL

TITLE T ☐ DELETE

NAME SHAPARD, PATRICIA  
STREET ADDRESS 14825 SW 82 AVE  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D Shepard

DATE

3/18/96 305-233-3350

Daytime Phone #

CR2E034 (12/95)