


FILED  
Apr 13 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000020894 (8)</b>			
<b>1. Corporation Name</b> <b>BRICKELL VIEW APARTMENTS, INC.</b>			
<b>Principal Place of Business</b> BRICKELL VIEW APARTMENTS, INC. 338 MINORCA AVE. CORAL GABLES FL 33134		<b>Mailing Address</b> BRICKELL VIEW APARTMENTS, INC. 338 MINORCA AVE. CORAL GABLES FL 33134	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.		
<b>22</b> City & State	<b>27</b> City & State		
<b>23</b> Zip	<b>25</b> Country	<b>28</b> Zip	<b>29</b> Country
<b>9. Name and Address of Current Registered Agent</b>			
QUINTANA, J L ESQ. 338 MINORCA AVE. CORAL GABLES FL 33134			<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required)			
<b>OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>RODRIGUEZ, P N</b> <b>10000 S.W. 56TH ST. SUITE 32</b> <b>MIAMI FL 33185</b>		<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

14. I 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.**

41.108

CR2E034 (10/97)