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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000042897 (5)**

1. Corporation Name

BRICKELL VILLAGE SUITES, INC.

Principal Place of Business

**1177 KANE CONCOURSE, SUITE 201
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**1177 KANE CONCOURSE, SUITE 201
BAY HARBOR ISLANDS FL 33154-2047**

3. Date Incorporated or Qualified
06/02/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TAPLIN, MARTIN W
1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154**

4. FEI Number

65-0596813

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE

NAME **TAPLIN, MARTIN W**
STREET ADDRESS **1177 KANE CONCOURSE, SUITE 201**
CITY-ST-ZIP **BAY HARBOR FL**

1.1 TITLE **T** ☐ Change ☒ Addition

TITLE **STD** ☒ DELETE

NAME **TAPLIN, JENNIFER**
STREET ADDRESS **1177 KANE CONCOURSE, SUITE 201**
CITY-ST-ZIP **BAY HARBOR FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **33154**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Silva, Osmilda**

3.3 STREET ADDRESS **1177 Kane Concourse, Suite 201**

3.4 CITY-ST-ZIP **Bay Harbor, FL 33154**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin W. Taplin, as President

4/5/97

(305) 865-5760

Date

Daytime Phone #

0208310

CR2E034 (9/96)