SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000068746 (3)**

1. Corporation Name
TWELVE BRICKELL CORP.

Principal Place of Business	Mailing Address
1201 BRICKELL AVE SUITE ~~410~~ MIAMI FL 33131	1201 BRICKELL AVE SUITE ~~410~~ MIAMI FL 33131

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1201 BRICKELL AVE	26 1201 BRICKELL AVE
Suite, Apt. #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27 SUITE 210
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: APPLIED FOR ☒ 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	10. Name and Address of New Registered Agent
SCHOTTENSTEIN, JEFFREY M 1201 BRICKELL AVE SUITE ~~410~~ MIAMI FL 33131	81 Name: JEFFREY M. SCHOTTENSTEIN 82 Street Address (P.O. Box Number is Not Acceptable): 1201 BRICKELL AVE SUITE 210 83 84 City: MIAMI FL 85 Zip Code: 33131

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] JEFFREY M. SCHOTTENSTEIN 7/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	SCHOTTENSTEIN, JEFFREY M		12 NAME	SCHOTTENSTEIN, JEFFREY M.	
STREET ADDRESS	1201 BRICKELL AVE SUITE ~~410~~		13 STREET ADDRESS	1201 BRICKELL AVE SUITE 210	
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP	MIAMI FLORIDA 33131	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JEFFREY M SCHOTTENSTEIN 305 371 7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7/15/96 Date — Daytime Phone #

CR2E034 (3/96)