PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074844

BRICKELL CAPITAL CORPORATION

FILLD									
May 10, 1999 8:00 am									
Secretary of State									
05-10-1999 90027 006 ***150 00									



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Principal Place of Business Mailing Address								,. two 1	4.4. 1881	
501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE										
STE 602		STE 602	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131 US	I	MIAMI FL 33131 US	MIAMI FL 33131			3. Date Incorporated or Qualifed				
yo vo						09/28/1995				
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	- Т	Арр	lied For	
21		26	- · · · · · · · · · · · · · · · · · · ·			65-0609382	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional				
22		27	27			5. Certificate of Status Desired Fee Required				
City & State	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	·			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	☐ Ye			
	9. Name and Address of Curr	ent Registered Agent		0.4	NI	10. Name and Address of New Registere	Agent			
UE O	TEC INTERNATIONAL CORROCT	DATION		81	Name					
VESTEC INTERNATIONAL CORPORATION					Street Addr	ess (P.O. Box Number is Not Acceptable)				
501 BRICKELL KEY DRIVE STE 602				00						
	602 Al FL 33131		83							
MAIM	MI FL 33131			84	City	F	85	Zip Ci	ode	
				Ш		F	<u> </u>	10	a giotorod	
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: Regi					signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DID	ECTO	OS IN 12	
12.		AND DIRECTORS DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS A			Addition	
TITLE	PSD BACACI DIAZ BALANT	L. DELETE	1.1 II							
NAME										
STREET ADORESS	,				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131 1.4 CI ☐ DELETE 2.1 TI			TY-ST	-210		□ CH	ange	Addition	
I TITLE					ł					
NAME	•			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS					1					
CITY-ST-ZIP		☐ DELETE	2. 4 C	ITY-SI TIF	1- ZIP		☐ Ch	 lange	Addition	
TITLE			3.1 N					-	_	
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C/TY-ST-ZIP		☐ DELETE	3.4. C	_	(-cir		□ Ch	ange	Addition	
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NAME					ADDRESS					
STREET ADDRESS				TY-ST	i					
CITY-ST-ZIP TITLE		□ DELETE 5.1 TI			- 41-		□ Ci	ange	Addition	
			5.2 N				_	-	_	
NAME			1		ADDRESS					
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CITY-ST-ZIP		☐ DELETE	6.1 TI				□ CI	iange	Addition	
		_ 300010	6.2 N	AME			_	-		
NAME					ADDRESS					
STREET ADDRESS			1	TY-ST						
CITY-ST-ZIP			0.40	51	-					

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, with all other like empowered.

Rafael Diaz-Balart 04/25/99/305)358-8900

OR DIRECTOR

Date Diaz-Balart 04/25/99/305)358-8900