## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000066190 (5)

TRG BRICKELL, INC.

appears in Block 12 or Block

SIGNATURE

Principal Place of Business Mailing Address 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE **MIAMI FL 33145** MIAMI FL 33145 3a. Date of Last Report Date Incorporated or Qualified 08/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 068797 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032 【 Yes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALHADEFF. E R 2200 MUSEUM TOWER 82 150 WEST FLAGLER STREET MIAMI FL 33130 84 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 ubligations of, Section 997.0505, Florida Statutes GEL HERNANDEZ SIGNATURE (NOTE: Registered Age: 12. OFFICERS AND DIRECT 13. DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE PEREZ, JORGE M NAME 1.2 NAME 2828 CORAL WAY PENTHOUSE SUITE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** 1.4 CITY-ST-ZIP DiTY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change □ Addition 6.1 TITLE TIFLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIF 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 trusted annual report as required by Chapter 607, Florida Statutes; and that my name