**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # POGOGOTTEOR

1. Corporatio	RG/BRICKELL, INC.				
Principal Place of Business Mailing Address			_		- I FAMALMAN TAN KANIN ANIH MATIN ANIH MATIN ANIH INGHI FAMAN DINSH INSHI JARIN JANA 1981
255 ALHAMBRA CIRLCE #1100 255 ALHAMBRA CIRLCE #1100 CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/18/1996
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26					65-0719495 Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired
<u> </u>		City & State	28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	. Country	Zip Country 30		•	8. This corporation owes the current year Intangible Personal Property Tax.
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
ARCIA, AGNES 255 ALHAMBRA CIRLCE #1100 CORAL GABLES FL 33134			83		
			84	City	; FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autl	horized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if populicable (NOTE: R.	enistered Ana	it signature ra	equired when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	D	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	BLUMBERG, PHILIP E		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP			
TITLE	DELETE 2.1		2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	i	
STREET ADDRESS		ə • •	2.3 STREE	ADDRESS	
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	}	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	•

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 hupplemental 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 chapter 607, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 T/TLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90039 040 \*\*\*150.00

Change

☐ Change

Change

☐ Addition

Addition

Addition