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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90108 046 ***150.00

DOCUMENT # P96000078008

BRICKEL	L WEST APARTMENTS, INC				
Principal Place	of Business	Mailing Address		((Battout life (dits attit agri) agrit agrit	
100 SE 2ND ST 27H FLOOR MIAMI FL 33131 US 100 SE 2ND ST 37H FLOOR MIAMI FL 33131 US			DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 09/19/1996	S SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address	-01 1118	4. FEI Number	Applied For
21 704 1	spickell AJE		ell due	65-0717654	Not Applicable
Suite, Apt.	# etc. 2000	Suite, Apt. #, etc.	2 0つ 1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	"ami Fl.	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33(Country	Zip / 33131 30	Country	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			. 81 Name		,
BEFELER, GEORGE 190-SE 2ND-ST, S7TH FLOOR*				ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131			83 54	e 200)	
·			84 City	`airi FI	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was autt	iorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pintment as registered
SIGNATURE				d when reinstating) DATE	
	Signature, typed or printed name of registered agent OFFICERS ANS		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 YITLE		Change Addition
NAME	BEFELER, GEORGE	•	12 NAME	OI Brickell AV	<u></u>
STREET ADDRESS	100 SE 2ND ST 37TH FLOOR		1.3 STREET ADDRESS	SIE 2000	
The state of the s			1.4 CITY-ST-ZIP	331	3 (
TITLE	MIN ON TE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		•
CITY-ST-ZIP	The second secon	والمقدو مصاربا عبواء الراار	2:4 CITY-ST-ZIP	and the second second	· <u> </u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		:
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		

6.4 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.

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE .

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

3/20/99

69 1069

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition |

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