

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

FILED

Mar 04 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000030687 (2)

1. Corporation Name
BRICKELL CONSULTING GROUP, INC.



| | |
|--|--|
| Principal Place of Business % LAW OFFICE OF RAUL J SANCHEZ DE VARONA 1333 SOUTH MIAMI AVE., SUITE 303 MIAMI FL 33130 | Mailing Address % LAW OFFICE OF RAUL J SANCHEZ DE VARONA 1333 SOUTH MIAMI AVE., SUITE 303 MIAMI FL 33130 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 4649 Ponce de Leon Blvd Suite, Apt. #, etc. 22 Suite 400 City & State 23 Coral Gables, Florida Zip 24 Suite 400 | | 2a. Mailing Address 25 4649 Ponce de Leon Blvd Suite, Apt. #, etc. 27 Suite 400 City & State 28 Coral Gables, Florida Zip 29 33146 | | 3. Date Incorporated or Qualified 04/04/1997 4. FEI Number 650743688 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|--|--|--|---|--|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent SANCHEZ DE VARONA, RAUL J 1333 SOUTH MIAMI AVENUE SUITE 303 MIAMI FL 33130 | | | | 10. Name and Address of New Registered Agent 81 Name Sanchez de Varona, Raul J 82 Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd. 83 Suite 400 84 City Coral Gables, FL 85 Zip Code 33146 | | | |
|---|--|--|--|--|--|--|--|

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: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ DE VARONA, MARIA | 1.2 NAME | SANCHEZ de VARONA, MARIA |
| STREET ADDRESS | 1333 SOUTH MIAMI AVE SUITE 303 | 1.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 400 |
| CITY-ST-ZIP | MIAMI FL 33130 | 1.4 CITY-ST-ZIP | Coral Gables, Florida 33146 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUEVEDO, HECTOR L | 2.2 NAME | Quevedo, Hector L |
| STREET ADDRESS | 1333 SOUTH MIAMI AVE SUITE 303 | 2.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 400 |
| CITY-ST-ZIP | MIAMI FL 33130 | 2.4 CITY-ST-ZIP | Coral Gables, Florida 33146 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORPAS, AMANDO A | 3.2 NAME | CORPAS, ARMANDO A. |
| STREET ADDRESS | 1333 SOUTH MIAMI AVE SUITE 303 | 3.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 400 |
| CITY-ST-ZIP | MIAMI FL 33130 | 3.4 CITY-ST-ZIP | CORAL GABLES, FLORIDA 33146 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ DE VARONA, RAUL J | 4.2 NAME | Sanchez de Varona, Raul J |
| STREET ADDRESS | 1333 SOUTH MIAMI AVE SUITE 303 | 4.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 400 |
| CITY-ST-ZIP | MIAMI FL 33130 | 4.4 CITY-ST-ZIP | CORAL GABLES, FLORIDA 33146 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFONZO, JOSE E | 5.2 NAME | ALFONZO, JOSE E |
| STREET ADDRESS | 1333 SOUTH MIAMI AVE SUITE 303 | 5.3 STREET ADDRESS | 4649 Ponce de Leon Blvd. Suite 400 |
| CITY-ST-ZIP | MIAMI FL 33130 | 5.4 CITY-ST-ZIP | CORAL GABLES, FLORIDA 33146 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 no address.

SIGNATURE:

[Signature]

2/24/98

CR2534 (1097)