

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

DOCUMENT # P97000045028

1. Corporation Name

BRICKELL EXECUTIVE CENTRE, INC.

Principal Place of Business

1925 BRICKELL AVENUE
SUITE D-206
MIAMI FL 33129
US

Mailing Address

1925 BRICKELL AVENUE
SUITE D-206
MIAMI FL 33129
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

BESU, ROGER P.A.
1925 BRICKELL AVENUE
SUITE D-206
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 true if agent, after

(NOTE: Registered Agent signature required when effecting change)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME BESU, ROGER
STREET ADDRESS 1925 BRICKELL AVE., SUITE D-206
CITY-ST-ZIP MIAMI FL 33129

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 legal empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901122 11:10:26



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

65-0762575

Applied For

Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing []

\$5.00 May Be
Added to Fees

Trust Fund Contribution []

8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

700002823037--6

-03/30/99--01029--001

****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

3/17/99

305 854 6363

Business Phone #

0270471

CR2E034 (11/98)