

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90012 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000057405

1. Corporation Name
 BRICKELL MORTGAGE CONCEPTS, INC.



Principal Place of Business
 1110 BRICKELL AVE
 SUITE 512
 MIAMI FL 33131

Mailing Address
 1110 BRICKELL AVE
 SUITE 512
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 06/30/1997

2. Principal Place of Business
 21 1627 Brickell Avenue

2a. Mailing Address
 26 1627 Brickell Avenue

4. FEI Number
 65-0763094

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 Suite 2803

Suite, Apt. #, etc.
 27 Suite 2803

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
 23 Miami FL

City & State
 28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
 24 33129

Country
 25

Zip
 29 33129

Country
 30

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

9. Name and Address of Current Registered Agent
 GLOTTMANN, SIMON
 1110 BRICKELL AVE
 SUITE 512
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Glottman, Simon

82 Street Address (P.O. Box Number is Not Acceptable)
 1627 Brickell Ave., Suite 2803

83

84 City Miami, FL

85 Zip Code FL 33129

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]* (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOTTMANN, SIMON	
STREET ADDRESS	1110 BRICKELL AVE STE 512	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOTTMANN, EVA	
STREET ADDRESS	1110 BRICKELL AVE STE 512	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1627 Brickell Avenue, Suite 2803	
1.4 CITY-ST-ZIP	Miami, FL 33129	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1627 Brickell Avenue, Suite 2803	
2.4 CITY-ST-ZIP	Miami, FL 33129	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* 7/3/99 (305) 854-5503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

588/48-90018-26
P 97000057405

Brickell Mortgage Concepts, Inc.
1627 Brickell Avenue, Suite 2803
Miami, FL 33129
Tel. (305) 854-5503 or (305) 532-3008
Fax (305) 854-3537

Miami, July 7, 1999

Florida Dept. Of State.
Divisions Of Corporations
Annual Reports Filings

RE: --BRICKELL-MORTGAGE CONCEPTS, INC
FEI NUMBER 65-0763094
1999 Annual Report

To whom it may concern:

The filing fee first notice was never received for the above referenced corporation.

Thank you,

Eva Glottman