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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

P97000073410 (7)

**DOCUMENT #** 1. Corporation Name

BRICKELL TERRACE APARTMENTS, INC.

## Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90009 007 \*\*\*558.75

| Principal Plac   | ce of Business      | ~ 4.               |                  | ма           | iling Address                       |             |                   |            |                            |  |   |   |           |            |          |           |                |                     |             |
|------------------|---------------------|--------------------|------------------|--------------|-------------------------------------|-------------|-------------------|------------|----------------------------|--|---|---|-----------|------------|----------|-----------|----------------|---------------------|-------------|
|                  |                     |                    |                  |              |                                     |             |                   |            |                            | ļ  |   |   |           |            |          |           |                |                     |             |
|                  |                     |                    |                  |              |                                     |             |                   |            | DO NOT WRITE IN THIS SPACE |  |   |   |           |            |          |           |                |                     |             |
|                  |                     |                    |                  |              |                                     |             |                   |            |                            | Ì  | 3. Date l   |   |           |            | ed       |           |                |                     |             |
|                  |                     |                    |                  |              |                                     |             |                   |            |                            |  | 0   | 8/2   | 5/19      | 97         |          |           |                |                     |             |
|                  | Place of Busine     | ss anth            | AVE              | 2a.          | Mailing Address                     | 111         |                   | A J        | r<br>r                     |  | 4. FEI N  |   | 01        | <b>3</b> / |          |           |                | Appl                | ied For     |
| 21 30            |                     | N 21               | AVE              | 26           | 3052 5                              |             | <u>''</u> _       | AV         | <u> </u>                   |  | <u>_65.</u>   | 0.1   | 814       | 56         |          |           |                |                     | Applicable  |
| Suite, Apt       | . #, etc.           |                    |                  | $\vdash$     | Suite, Apt. #, etc                  | <b>)</b> .  |                   |            |                            |  | 5. Certifo  | ate of  | Status [  | Desired    | <b>W</b> |           | -              | <b>5</b> Ad<br>Requ | ditional    |
| City & Sta       | <u> </u>            |                    |                  | 27           | City & State                        |             |                   |            |                            | -  | <b>0 F</b> 14'-   |   |           |            | _        |           |                |                     | <del></del> |
|                  | Miami FL            |                    |                  |              | 28 Miami FL                         |             |                   |            |                            |  | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |   |           |            |          |           |                |                     |             |
| Zip 22           | 331 33 Country      |                    |                  |              | Zip Country<br>29 33133 30 USA      |             |                   |            |                            | 8. This corporation owes the current year Intangible |   |   |           |            |          |           |                |                     |             |
| <sub>24</sub> 33 |                     | 3                  |                  |              |                                     | 30          | _ <del>-</del> -  | 2M         |                            |  |   |   | perty Ta  |            |          |           | ∐ Yes          |                     | No          |
| <del></del>      |                     | nd Address         |                  | _            |                                     |             | _                 | 31 Na      |                            |  | 10. Name  | and A   | 2 4       |            |          |           | gent           |                     |             |
|                  | 35E NN.             |                    |                  |              |                                     |             | L                 |            |                            |  | na N  | <u>4.                                    </u> | _         | ,          | ŁS       | <u>q.</u> |                |                     |             |
| 2                | 1 S.E.              | FIRST              | AVEN             | 4ŋ£          |                                     |             | 8                 | 2 Str      | eet A                      | Address<br>50  | S (P.Q. Bo)   | C Numi  | ber is No | ot Acce    | ptable)  | Flo       | OC.            |                     | ļ           |
|                  | UITE 800            |                    |                  |              |                                     |             | 8                 | 33         | <u>U</u> .                 |  | Bild  | _   | <u> </u>  |            | rice     | 1,70      | , <del>.</del> |                     |             |
| <b> </b>         | MAMI, F             | L 3313             | j                |              |                                     |             |                   |            |                            |  |   |   |           |            |          |           | , ,            |                     |             |
|                  |                     |                    |                  |              |                                     |             | 8                 | 4 City     | y 1                        | Mia  | ımi   |   |           |            |          | FL        | 85 Z           | ip Co               | 46          |
| 11. Pursuant     | to the provisio     | ns of Sections     | 607.0502         | and 60       | 7.1508, Florida                     | Statutes, t | ne abo            | ve-nan     | ned o                      | согрога  | ation submi   | ts this                                       | stateme   | nt for th  | ne purpo | se of c   | hanging        | its re              | gistered    |
| office or        | rens beretziner     | it or both in t    | the State of     | Florida      | a. Such change v<br>Section 607.050 | vas autho   | rized b           | ov the c   | orpo                       | ration's   | s board of  | directo                                       | rs. I her | eby acc    | ept the  | appoin    | tment as       | regis               | stered      |
|                  |                     | , and accept       | ma Childam       | 7            | .050.100 <u>11111.58</u>            | Ana         | M                 | 53.<br>  M | 10                         | to   |   |   |           |            | 01       | 2/9       | 9              |                     |             |
| SIGNATURE        | Signature, typed or | printed name of re | gistered agent a | and title if | applicable.                         |             |                   |            |                            |  | nen reinstating)  |   |           |            |          | TE   1    |                |                     | \           |
| 12.              |                     | OFFI               | CERS AND         | DIREC        | CTORS                               |             | 13.               |            |                            |  | ADDITI  | ONS/C   | HANGE     | S TO C     | PFICE    | RS AN     | DIREC          | TOR                 | S IN 12     |
| TITLE            | ياست.               |                    |                  |              | ☐ DELE                              | ΓE          | 1.1 TITLE         |            |                            | D  |   |   |           |            |          |           | Chang          | je                  | Addition    |
| NAME             | المقتع الما         | ==-                |                  |              |                                     |             | 1.2 NAMI          | E          |                            |  | NSI, F  |   |           |            |          |           |                |                     | ľ           |
| STREET ADDRESS   | s  -                |                    |                  |              |                                     |             | 1.3 STRE          | ET ADOR    | ESS                        |  | . Box   |   |           | _          |          |           |                |                     | Í           |
| CITY-ST-ZIP      | }                   |                    |                  |              |                                     |             | 1.4 <u>CITY</u> - | -ST-ZIP    |                            | MI   | AHI,  | FL  | 33        | 2.33-      | 1371     |           |                |                     |             |
| TITLE            |                     |                    |                  |              | ☐ DELE                              | ΓE          | 2.1 TITLE         | Ē          |                            | A  |   |   |           | _          |          |           | Chang          | ge                  | ☐ Addition  |
| NAME             |                     |                    |                  |              |                                     | l           | 2.2 NAME          | Ε          | l                          | RE   | NZI,  | PAS   | QUA       | L€         |          |           |                |                     | l           |
| STREET ADDRESS   | ş                   |                    |                  |              |                                     |             | 2.3 STRE          | ET ADDRI   | ESS                        | P.O.   | . BOX   | (3)   | 11        |            |          |           |                |                     |             |
| CITY-ST-ZIP      |                     |                    |                  |              |                                     |             | 2. 4 CITY         | '-ST-ZIP   |                            | MI   | AMI, F  | L :   | 3 32      | 33-        | 1341     |           |                |                     |             |
| TITLE .          |                     |                    |                  |              | ☐ DELE                              | E           | 3.1 TITLE         | =          |                            |  |   |   |           |            |          |           | Chang          | ge                  | Addition    |
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| STREET ADDRESS   | ;                   |                    |                  |              |                                     |             | 3.3 STRE          | ET ADDR    | ESS                        |  |   |   |           |            |          |           |                |                     |             |
| CITY-ST-ZIP      |                     |                    |                  |              |                                     |             | 3.4, CITY         | -ST-ZIP    | _                          |  |   |   |           |            |          |           |                |                     |             |
| TITLE            |                     |                    |                  |              | DELE                                | ΓE          | 1.1 TITLE         |            |                            |  |   |   |           |            |          |           | Chang          | je                  | Addition    |
| NAME             |                     |                    |                  |              |                                     | 1           | 4. 2 NAM          | ΙE         | Ì                          |  |   |   |           |            |          |           |                |                     | Ì           |
| STREET ADDRESS   | i.                  |                    |                  |              |                                     |             | 4.3 STRE          | ET ADORI   | ESS                        |  |   |   |           |            |          |           |                |                     |             |
| CITY-ST-ZIP      |                     |                    |                  |              |                                     |             | .4 CITY           | ST-ZIP     | _                          |  |   |   |           |            |          |           | _              |                     |             |
| TITLE            | 1                   |                    |                  |              | ☐ DELE1                             | 1           | 5.1 TITLE         |            | -                          |  |   |   |           |            |          |           | Chang          | le                  | Addition    |
| NAME             |                     |                    |                  |              |                                     |             | 5.2 NAME          |            |                            |  |   |   |           |            |          |           |                |                     |             |
| STREET ADDRESS   |                     |                    |                  |              |                                     |             |                   | ET ADDRE   | ESS                        |  |   |   |           |            |          |           |                |                     |             |
| CITY-ST-ZIP      | ļ                   |                    |                  |              |                                     |             | 5.4 CITY-         |            | _                          |  |   |   |           |            |          |           |                |                     |             |
| TITLE            |                     |                    |                  |              | ☐ DELE1                             | _ ]         | 3.1 TITLE         |            | - }                        |  |   |   |           |            |          |           | ☐ Chang        | e                   | Addition    |
| NAME             |                     |                    |                  |              |                                     |             | 5.2 NAME          |            |                            |  |   |   |           |            |          |           |                |                     |             |
| STREET ADDRESS   |                     |                    |                  |              |                                     |             |                   | ET ADDRE   | ESS                        |  |   |   |           |            |          |           |                |                     |             |
|                  |                     |                    |                  |              |                                     |             | A OUTS            | ST-ZIP     | - 1                        |  |   |   |           |            |          |           |                |                     |             |

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR