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

PROFIT CORPORATION ANNUAL REPORT

1998



Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080872 (9)

BROWNSTONE DEVELOPMENT, INC.

APPROVED FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1998 APR 20 PH 1: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	ce of Business	Mailing Address					
343 ALMERIA AVE CORAL GABLES FL 33134		343 ALMERIA AVE CORAL GABLES FL 33134		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified 09/18/1997		
2, Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For X Not Applicab	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country [25]		Country	/	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	t Registered Agent		1 .:	10. Name and Address of New Registere	d Agent	
	IERILAWYER CHARTERED		81	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134			82		dress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	85 Zip Code	-
office or r	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was au	thorized by	y the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registere	id i
SIGNATURE	a, a roma r	•					.]
ļ. <u></u>	Signature typed or printed name of rige lend age			ent signature require	ed when reinstating) DATE	UD DIDECTORO IL 10	
12.	OFFICERS AND	DELETE	13. 1.1 THEE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	, no
NAME	Sanchez, Elsie	E2 receit	1.2 NAME	ľ	800002499	• •	~" ·
STREET ADDRESS	343 Almeria Ave		1.3 STREET	22 1900A	-04/22/98	1010	
CITY-S1-ZIP	Coral Gables, FL	. 33134	1.4 CHY- S		***7950.00	****158.80	
TITLE	our ourrer, 12	DELETE TO	2.1 HHF	71.67	TO 100 100 100 100 100 100 100 100 100 10	Change Addition	an l
NAME			2.2 NAME			- • -	
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP			2 4 CHY-:	ST - 7(P			
TITLE		DELFTE	3 1 1ITLE	: :		Change Addition	on
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	\$1 - ZIP			
TITLE		DELLIE	4.1 THLE			Change Addition	on
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			ſ
CITY-ST-ZIP			4.4 C(1Y-S	1-7IP			_]
TITLE		OELETE	5.17011			Change Addition	on
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	1- 7 1P			
TITLE		DELETE	6.1 TITLE			Change Addition	00
NAME			6.2 NAME			767 10	0
STREET ADDRESS			63 STREET	ADDRESS		" NOO! "	
CITY-ST-ZIP			64 CITY-S	J- Z(P		VQ *	

14. 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 supplied entire 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 of intrinse 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, be on an attachment with an address.

Elsie Sanchez 4-14-98 (305)445-2700