


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90022 014 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000003184					
1. Corporation Name TERREMARK BRICKELL III, INC.					
Principal Place of Business 2601 S BAYSHORE DR PH-1 MIAMI FL 33133			Mailing Address 2601 S BAYSHORE DR PH-1 MIAMI FL 33133		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/12/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0819647	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOODKIND, BRIAN K 2601 S BAYSHORE DR PH-1 MIAMI FL 33133			10. Name and Address of New Registered Agent		
			81 Name CT Corporation System		
			82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
			83		
			84 City Plantation FL 85 Zip Code 33324		
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 _____ DATE 4/ /99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME D MEDINA, MANUEL D			1.2 NAME Christopher M. Jeffries		
STREET ADDRESS 2601 S BAYSHORE DR PH-1			1.3 STREET ADDRESS c/o Millennium Partners, 1995 Broadway, New York		
CITY-ST-ZIP MIAMI FL 33133			1.4 CITY-ST-ZIP NY 10023		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME D PEREZ-CISNEROS, TERESA			2.2 NAME Philip A. Aarons		
STREET ADDRESS 2601 S BAYSHORE DR PH-1			2.3 STREET ADDRESS c/o Millennium Partners, 1995 Broadway, New York		
CITY-ST-ZIP MIAMI FL 33133			2.4 CITY-ST-ZIP NY 10023		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME Philip H. Lovett		
STREET ADDRESS			3.3 STREET ADDRESS c/o Millennium Partners, 1995 Broadway, New York		
CITY-ST-ZIP			3.4 CITY-ST-ZIP NY 10023		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME V/Assistant S		
STREET ADDRESS			4.3 STREET ADDRESS Steven L. Hoffman		
CITY-ST-ZIP			4.4 CITY-ST-ZIP c/o Millennium Partners, 1995 Broadway, New York		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME V/S		
STREET ADDRESS			5.3 STREET ADDRESS Brian J. Collins.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP c/o Millennium Partners, 1995 Broadway, New York		
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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)