

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000029210

1. Corporation Name

MDM BRICKELL II, INC.

Principal Place of Business

9090 SOUTH DADELAND BLVD  
MIAMI FL 33156

Mailing Address

9090 SOUTH DADELAND BLVD  
MIAMI FL 33156

FILED

99 SEP 30 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5/24/99 9405012150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

65-0847538

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STISS, CAREY A ESO  
STROOCK & STROOCK & LAVAN, LLP  
200 S BISCAYNE BLVD STE 3300 1ST UNION CTR  
MIAMI FL 33131-2385

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.7 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.8 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.9 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

12.10 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/99

Date

(305) 670-5728

Daytime Phone #

0057908

CR2E034 (5/99)

KE