
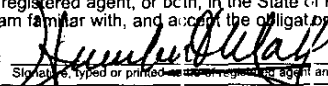


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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90266 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049427			
1. Corporation Name BROWNSVILLE GARDENS, INC.			
Principal Place of Business 7130 SW 43RD ST MIAMI FL 33135		Mailing Address 7130 SW 43RD ST MIAMI FL 33135	
2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent DIENSTAG, MARK A ESQ. 21 SE 1ST AVE, STE 800 MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name HUMBERTO MARTINEZ 82 Street Address (P.O. Box: Number is Not Acceptable) 7130 SW 43RD ST 83 84 City MIAMI FL 85 Zip Code 33155	
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:  HUMBERTO MARTINEZ 4/23/99 Signature typed or printed below registered agent and title if applicable (NOT if Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MARTINEZ, FERNANDO J STREET ADDRESS 7130 SW 43RD ST CITY-ST-ZIP MIAMI FL 33135	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME MARTINEZ, HUMBERTO 1.3 STREET ADDRESS 7130 SW 43RD ST 1.4 CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MARTINEZ, ALICIA STREET ADDRESS 7130 SW 43RD ST CITY-ST-ZIP MIAMI FL 33135	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD 2.2 NAME AMERICA MARTINEZ 2.3 STREET ADDRESS 7130 SW 43RD ST 2.4 CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME MARTINEZ, HUMBERTO STREET ADDRESS 7130 SW 43RD ST CITY-ST-ZIP MIAMI FL 33135	<input type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME MARTINEZ, HUMBERTO J. 3.3 STREET ADDRESS 7800 SW 91 AVE 3.4 CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE VD 4.2 NAME MARTINEZ, GREGORY P. 4.3 STREET ADDRESS 7800 SW 91 AVE 4.4 CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

 HUMBERTO MARTINEZ 4/23/99 (305) 669-9214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0225204

CR2E034 (11/98)