May 04, 1999 8:00 am Secretary of State

05-04-1999 90046 004 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065436

THE BRICKELL REALTY GROUP, INC.

	•								
Principal Place of Business Mailing Address							Ratio dival anti arand :		
825 BRICKELL BAY DRIVE TOWER III. SUITE 1849		825 BRICKELL BAY DRIVI TOWER III. SUITE 1849	825 BRICKELL BAY DRIVE TOWER III. SUITE 1849						
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/23/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For	
21		26				65-0859523		Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5 Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00 (	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	——————————————————————————————————————		untry		This corporation owes the current year.			
24	25	29	30			Personal Property Tax.		□No	
	9. Name and Address of Cu	rrent Registered Agent		81		10. Name and Address of New Registr	ered Agent		
DINA	N INSTERNAL A			81	Name				
PINA, JUVENAL A 825 BRICKELL BAY DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	/ER III, SUITE 1849			83					
	VII FL 33131					·			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		FL 85 Zip C	ode	
office of a agent. I a SIGNATURE	registered agent, or both, in the S im familiar with, and accept the ol	tate of Florida. Such change was bligations of, Section 607.0605, F	authorize lorida Sta	tutes	the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the an equired when reinstating)  ADDITIONS/CHANGES TO OFFICER	те		
TITLE	OFFICER	DELETE		TILE		D 1-0	Change	Addition !	
				IAME		Juvenal A. Piña Bas Beickell B	~_# <sub>U</sub>	249	
NAME STREET ADDRESS	<b>1</b>			TADDRESS	825 Beickell B	ay De. "	, ,		
				CITY-S	- 1	MIAMI, FI. 3	3131		
CITY-ST-ZIP TITLE		☐ DELETE		ITLE			☐ Change	☐ Addition	
NAME			2.21	AME	ļ				
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CITY-ST-ZIP	·		3.4. CITY-		ST-ZIP				
TITLE		☐ DELETE	4.1	TTLE			Change	☐ Addition	
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STREET ADDRESS	$\cup$		4.3 5	STREET	T ADDRESS				
CTY-ST-ZIP	}		4,4 (	CITY-S	T-ZIP		•		
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NAME.			5.2 t	NAME	ļ		•	į	
STREET ADDRESS			5.3 \$	STREE	TADORESS				
CITY-ST-ZIP			5.4 (	CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1	TITLE			☐ Change	Addition	
	1		621	NAME	]				

6.3 STREET ADDRESS

6.4 CITY-ST-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, of on an attachment with an address, with all other like empowered. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ire required NTED NAME OF SIGNING OFFICER OR DIRECTOR