## 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 # P98000086751

1. Corporation Name

W/B BRICKELL BAYVIEW CORP.

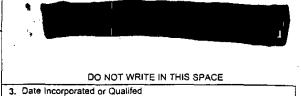
Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE #1002 MIAMI FL 33133 2665 SOUTH BAYSHORE DRIVE #1002 MIAMI FL 33133

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 039 \*\*\*150.00



					10/9/1998		
. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65-0871639	Ai	pplied For
!		26			65-08/1839	N <sub>1</sub>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
<u></u>		28			Trust Fund Contribution		to Fees
Zip I				try	8. This corporation owes the current year Ir		
- —	9. Name and Address of Current F	29	30		Personal Property Tax.	Yes	No
	· · · · · · · · · · · · · · · · · · ·	Registered Ayent		31 Name	10. Name and Address of New Registered	Agent	
	rz, RICHARD E		1	Ivaille	•		
	MUSEUM TOWER, 150	W.FLAGLER S	T [	32 Stree	Address (P.O. Box Number is Not Acceptable)		
MIAM	I FL 33130		-	33			
Ť			[8	34 City	· Fl	85 Zip	Code
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized t	by the corp	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the apporation's	intment as re	registered gistered
GNATURE							
	Signature, typed or printed name of registered agent ar			gent signature	required when reinstating) DATE		
!. اما	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
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Y-ST-ZIP ]		☐ DELETE	1.4 CITY			Cleans	T A statistic
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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 of 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

WARREN P. INFISER

6.3 STREET ADDRESS

4/27/99

(305)854-7342

Change

☐ Addition

CR2F034 (11/98)