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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14117

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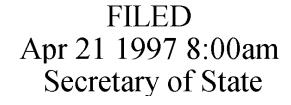
BRICO LAND CO.

Principal Place of Business

Mailing Address

11995 SW 222ND ST.

11995 SW 222ND ST.





	70	MIAMI FL 33170-4512				}			
<i>:</i>						3. Date Incorporated or Qualified 11/14/1990		ite of Last F 30/1996	Report
 -	lace of Business	2a. Mailing Address			***************************************	4. FEI Number	.4		pplied For
21 Culta Ant	4 -1-	26	_			65-0237122			ol Applicabl
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired
City & State	ð	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	ntangible	tax under s	. 199.032,
24	25]	29	30	,			Yes [
	Name and Address of Current	it Registered Agent	~~~~	81	Number	10. Name and Address of New Reg	istered /	Agent	
	EIL, BRIAN			°'	Name				
	95 SW 222ND ST.			62	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
MIAI	MI FL 33170			83					
					O't.			11	
				84	City		FL	85 Zip	Code
office or re	agistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was a	authorize	d hv	the corporati	oration submits this statement for the prion's board of directors. I hereby accep	the app	ointment as	registered
	Signature, lyped or printed name of registered age		<u>-</u> -	d Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	7. 6		ADDITIONS/CHANGES TO OFFICE	ERS AND		
NAME	O'NEIL, BRIAN	□ Được	1.1 10					Change	Addition
STREET ADORESS	11995 SW 222ND ST.		1.2 N/		4000000				
CITY-ST-ZIP	MIAMI FL				ADURESS				
TITLE	S	DELETE	2.1 TI	11Y-\$1	1-211			Change	Addition
NAME	BLATCHFORD, DEBRA		2.2 NA		1				<u></u>
STREET ADDRESS	14273 SW 176TH TERRACE								
			2.3 ST	IREET A	ADDRESS				
CITY-ST-ZIP	Miami Fl.			IREET A HTY - ST					
	MIAMI FL	DELETE		/1Y-S				☐ Change	Addition
TITLE	MIAMI FL	DELETE	2.4 C	11Y-S 1LE				☐ Change	Addition
TITLE NAME	MIAMI FL	(_) DELETE	2. 4 C 3.1 Til 3.2 N/	HTY-ST TLE AME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	_	2. 4 C 3.1 Tri 3.2 N/ 3.3 ST 3.4. Cr	RTY - ST TLE AME TREET A TTY - ST	T-ZIP ADDRESS				
TITLE NAME STREET ADDRESS	MIAMI FL	DELETE	2. 4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4. Ci 4.1 Ti	HTY-ST TLE AME TREET A TTY-ST TLE	T-ZIP ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE	MIAMI FL	_	2. 4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4. Ci 4.1 Ti 4. 2 N/	HIY-S' ILE AME (REEL A (TY-SI TLE IAME	I - ZIP ADDRESS I - ZIP				
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE STREET ADDRESS	MIAMI FL	_	2. 4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 C 4.1 Ti 4. 2 N/ 4.3 ST	HIY-SI TLE AME (REET A (TY-SI TLE IAME IREET A	1-ZIP ADDRESS 1-ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE STREET ADDRESS CITY-\$1-ZIP	MIAMI FL	[_] DELETE	2. 4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4. Ci 4.1 Ti 4. 2 N/ 4.3 ST 4.4 Ci	HIY-SI TLE AME IREET A ITY-SI TLE IREET A	1-ZIP ADDRESS 1-ZIP ADDRESS			☐ Change	Addition
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TITLE NAME STREET ADDRESS OTTY-\$1-ZIP	MIAMI FL	[_] DELETE	2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 Ci 4.1 Ti 4.2 N/ 4.3 ST 4.4 Ci 5.1 Ti 5.2 N/A 5.3 ST	THE AME TREET / THE AME	1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS			☐ Change	Addition
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amon officer or director of the corporation of the receiver or fusite emports frue and accurate and that my signature shall have the same legal effect as it made under of the man officer or director of the corporation or the receiver or frustee 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.