

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K45516 (7)**  
 1. Corporation Name  
**LANDSTAR DEVELOPMENT CORPORATION**



Principal Place of Business <b>550 BILTMORE WAY          1110          CORAL GABLES FL 33134          US</b>	Mailing Address <b>550 BILTMORE WAY          1110          CORAL GABLES FL 33134-5730          US</b>
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3. Date Incorporated or Qualified <b>11/16/1988</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0094460</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country

9. Name and Address of Current Registered Agent

**WEISENFELD, JOSEPH J.  
 799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, RODOLFO</b>	1.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORWITZ, ROBERTO (EX)</b>	2.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERVIANSKY, DAVID (EX)</b>	3.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, EDUARDO (EX)</b>	4.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARD, ECKSTEIN</b>	5.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREMENTO, ANDREW</b>	6.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY SUITE 1110</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33196</b>	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME	
7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP	
8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8.2 NAME	
8.3 STREET ADDRESS	
8.4 CITY-ST-ZIP	
9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9.2 NAME	
9.3 STREET ADDRESS	
9.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 registered agent or an individual 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.

*Rodolfo Stern*  
**RODOLFO STERN**

CR2E034 (9/96)