

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000050494 (1)

1. Corporation Name:
LARCHMONT FINANCE CORPORATION



Principal Place of Business: **2000 TOWERSIDE TER SUITE 1902 MIAMI FL 33138**
 Mailing Address: **2000 TOWERSIDE TER SUITE 1902 MIAMI FL 33138**

3. Date Incorporated or Qualified: **07/07/1994**
 3a. Date of Last Report: **03/30/1995**
 4. FET Number: **APPLIED FOR 620581389**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**VALDEZ-FAULI CORPORATE SERVICES INC
 TWO S BISCAYNE BLVD
 ONE BISCAYNE TOWER SUITE 3400
 MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent

81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83
 84 City: **FL** 85 Zip Code:

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

Signature: Typed or printed name of registered agent (and title, if applicable) (Date): Registered Agent Signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MANDEL, NICHOLAS S
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, EDUARDO
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, ADRIANA
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, LEONARDO
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, ANABEL
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, CARLOS E
STREET ADDRESS	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400
CITY - ST - ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Leonardo Simon* **04/14/96 (305) 3448323**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File No.

CR2E034 (12/95)