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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33138-2227

3. Date Incorporated or Qualified 07/07/1994
3a. Date of Last Report 06/19/1996

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

4. FEI Number 65-0581389
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
7. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

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
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 (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
D	MANDEL, NICHOLAS S	1.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	1.2 NAME	
	MIAMI FL 33131	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
D	SIMON, EDUARDO	2.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	2.2 NAME	
	MIAMI FL 33131	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
D	SIMON, ADRIANA	3.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	3.2 NAME	
	MIAMI FL 33131	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
D	SIMON, LEONARDO	4.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	4.2 NAME	
	MIAMI FL 33131	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
D	SIMON, ANABEL	5.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	5.2 NAME	
	MIAMI FL 33131	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
D	SIMON, CARLOS E	6.1 TITLE	
	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	6.2 NAME	
	MIAMI FL 33131	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation and am duly authorized or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated is true and correct. I am an officer or director of the corporation and am duly authorized or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated is true and correct. I am an officer or director of the corporation and am duly authorized or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-25-97 (305) 692-8802
Date Daytime Phone #

CR2E034 (9/96)