

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

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000050494 (1)**  
 1. Corporation Name  
**LARCHMONT FINANCE CORPORATION**

Principal Place of Business <b>2000 TOWERSIDE TER                  SUITE 1902                  MIAMI FL 33138</b>	Mailing Address <b>C/O DAYCO                  848 BRICKELL AVE., STE. 810                  MIAMI FL 33131                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/07/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0581389</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or the receiver, trustee or liquidator 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.

SIGNATURE  **Leonardo Simon** 2-15-98 (305) 692-8802  
 Director

CR2E034 (10/97)