


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90070 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000050494**  
 1. Corporation Name  
**LARCHMONT FINANCE CORPORATION**



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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1994	4. FEI Number 65-0581389	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

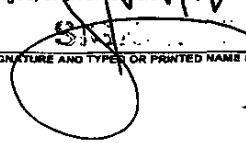
9. Name and Address of Current Registered Agent  VALDEZ-FAULI CORPORATE SERVICES INC TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI FL 33131-1897	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	MANDEL, NICHOLAS S	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	1.2 NAME	
STREET ADDRESS	MIAMI FL 33131	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SIMON, EDUARDO	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	2.2 NAME	
STREET ADDRESS	MIAMI FL 33131	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SIMON, ADRIANA	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	3.2 NAME	
STREET ADDRESS	MIAMI FL 33131	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SIMON, LEONARDO	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	4.2 NAME	
STREET ADDRESS	MIAMI FL 33131	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SIMON, ANABEL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	5.2 NAME	
STREET ADDRESS	MIAMI FL 33131	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SIMON, CARLOS E	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	% VALDEZ-FAULI 2 S BISCAYNE BLVD #3400	6.2 NAME	
STREET ADDRESS	MIAMI FL 33131	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or trustee 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 to my address, with all other like empowered.

SIGNATURE:  DATE: 5/28/99 (305) 692882

CR2E034 (1/98)